



# Pair 9 Test Form

Skater Name \_\_\_\_\_ ISI # \_\_\_\_\_

Skater Age \_\_\_\_\_ Home Rink \_\_\_\_\_

Date Tested \_\_\_\_\_ Location \_\_\_\_\_

Judge's Signature \_\_\_\_\_ Prof # \_\_\_\_\_

**Comp Maneuvers:** (Scoring 1 to 10)      **1st Attempt**                      **2nd Attempt**

Split Double Twist Lift	_____	_____
Table Top, Press or Star Lift	_____	_____
Double Lutz Jumps	_____	_____
Throw Double Toe, Flip or Lutz	_____	_____
Pair Combo Spin	_____	_____
Flying Camel-Jump Sit Combo Spin	_____	_____
Creative Serpentine Dance Step Seq.	_____	_____

**Program (Time 4:30)**

Split Double Twist Lift	_____	_____
Table Top, Press or Star Lift	_____	_____
Double Lutz Jumps	_____	_____
Throw Double Toe, Flip or Lutz	_____	_____
Pair Combo Spin	_____	_____
Flying Camel-Jump Sit Combo Spin	_____	_____
Creative Serpentine Dance Step Seq.	_____	_____

Posture \_\_\_\_\_ Content \_\_\_\_\_ Correctness \_\_\_\_\_ Pattern \_\_\_\_\_

Rhythm \_\_\_\_\_ Duration \_\_\_\_\_ Interpretation \_\_\_\_\_ Unison \_\_\_\_\_

**Test Results:** Pass \_\_\_\_\_ Incomplete \_\_\_\_\_

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*ISI \***