



Pair 9 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof # _____

Compulsory Maneuvers: (Scoring 1 to 10)

	1st Attempt	2nd Attempt
Choice of Platter or Press Lift	_____	_____
Double Lutz Jumps	_____	_____
Catch Waist Camel Spin	_____	_____
Flying Camel w/ change of foot/pos	_____	_____
Split Double Twist Lift	_____	_____
Creative Serpentine Dance Step Seq.	_____	_____

Program (Time 4 1/2 MN)

Choice of Platter or Press Lift _____
 Double Lutz Jumps _____
 Catch Waist Camel Spin _____
 Flying Camel w/ change of foot/pos _____
 Split Double Twist Lift _____
 Creative Serpentine Dance Step Seq. _____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

