



Couple 10 Test Form

Skater Name _____ ISI # _____ Age _____

Gender _____ Home Rink _____ Phone _____

Email _____ Date Tested _____ Location _____

Judge's Signature _____ Prof # _____

Compulsory Maneuvers: (Scoring 1 to 10)

1st Attempt

2nd Attempt

1 ¼ Flip / Flip / Dbl Flip	_____	_____
Double Lutz Jumps	_____	_____
Double Axels	_____	_____
Axels in Sequence	_____	_____
3 Jumps in Sequence	_____	_____
Dance Step Sequence	_____	_____

Program (Time 4 MN)

1 ¼ Flip / Flip / Dbl Flip	_____	_____
Double Lutz Jumps	_____	_____
Double Axels	_____	_____
Axels in Sequence	_____	_____
3 Jumps in Sequence	_____	_____
Dance Step Sequence	_____	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

