



Couple 4 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

| | | |
|---|-------|-------|
| Side by side Loop Jumps | _____ | _____ |
| Waltz Lift | _____ | _____ |
| Side by Side Flip Jumps | _____ | _____ |
| Fwd Undercut Spiral or Side by side Arabesque | _____ | _____ |
| BO and BI 3 Turn Dance Step Sequence | _____ | _____ |

Program (Time 2.0 Min)

| | |
|------------------------------|-------|
| Axel Lift or Pull Waltz Jump | _____ |
| Flip Loop Jump or Loop Lift | _____ |
| Sit Spins | _____ |
| Pivot Spiral | _____ |
| Cross Arm Lift | _____ |
| Dance Step Sequence | _____ |

Scoring 1-10

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

