



Gold Freestyle Test Form

Skater Name _____ ISI # _____ Gender _____

Email Address _____ Phone Number _____

Skater Age _____ Home Rink _____

Test Date _____ Test Location _____

Judge Signature _____ Prof. # _____

COMPULSORY MANEUVERS:

(Scoring 1 to 10)

1st Attempt

2nd Attempt

Choice Jump #1	_____	_____
Choice Jump #2	_____	_____
Jump Combination (2 jumps)	_____	_____
Choice Spin #1	_____	_____
Choice Spin #2	_____	_____
Dance Step Sequence	_____	_____

SOLO PROGRAM:

Choice Jump #1	_____
Choice Jump #2	_____
Jump Combination (2 jumps)	_____
Choice Spin #1	_____
Choice Spin #2	_____
Dance Step Sequence	_____

(Scoring 1-10)

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____
(3 min.)

TEST RESULT: **PASS** _____ **INCOMPLETE** _____

Notes:

