



# Silver 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	_____	_____
2 Different Backward Arabesques	_____	_____
Dance Step Sequence	_____	_____

**SOLO PROGRAM:**

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

**(Scoring 1-10)**

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

Rhythm \_\_\_\_\_ Duration \_\_\_\_\_ Interpretation \_\_\_\_\_  
(2 min.)

**TEST RESULT:**    **PASS** \_\_\_\_\_    **INCOMPLETE** \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

