

OPEN FREESTYLE TEST – GOLD LEVEL



MBR. NO.# _____ SKATER NAME _____
(Family Name) (First Name)

BIRTHDATE _____ ADDRESS _____
DD / MM / YYYY

MBR. NO.# _____ Examiner _____
(Family Name) (First Name)

MBR. NO.# _____ Rink / Club _____

FST-G_en_v14a

Send original to: Ice Skating Institute Asia, GPO Box No. 579, General Post Office, Hong Kong SAR China. Make a photocopy for rink or club.

TEST DATE _____ Test Location _____

COMPULSORY MANEUVERS:

(Scoring 1 to 10)

1st Attempt

2nd Attempt

Choice Jump #1 (from Freestyle 6-7 Levels)

Choice Jump #2 (from Freestyle 6-7 Levels)

2-Jump Combination (1st jump from Freestyle 6-7 Levels)

Choice Spin #1 (from Freestyle 6-7 Levels)

Choice Spin #2 (from Freestyle 6-7 Levels)

Dance Step Sequence (Freestyle 6 / Freestyle 7 / straight line / serpentine)

SOLO PROGRAM

Choice Jump #1 (from Freestyle 6-7 Levels)

Choice Jump #2 (from Freestyle 6-7 Levels)

2-Jump Combination (1st jump from Freestyle 6-7 Levels)

Choice Spin #1 (from Freestyle 6-7 Levels)

Choice Spin #2 (from Freestyle 6-7 Levels)

Dance Step Sequence (Freestyle 6 / Freestyle 7 / straight line / serpentine)

(SCORING 1 – 10)

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration (3.0) _____ Interpretation _____

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

Notes: _____
