

OPEN FREESTYLE TEST – SILVER 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-S_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 4-5 Levels)

Choice Jump #2 (from Freestyle 4-5 Levels)

Jump Combination (any 2 jumps from Freestyle 4-5 Levels)

Choice Spin #1 (from Freestyle 4-5 Levels)

Choice Spin #2 (from Freestyle 4-5 Levels)

2 Different Backward Arabesques

Dance Step Sequence (Freestyle 4 / Freestyle 5 / 16 steps own design)

SOLO PROGRAM

Choice Jump #1 (from Freestyle 4-5 Levels)

Choice Jump #2 (from Freestyle 4-5 Levels)

Jump Combination (any 2 jumps from Freestyle 4-5 Levels)

Choice Spin #1 (from Freestyle 4-5 Levels)

Choice Spin #2 (from Freestyle 4-5 Levels)

2 Different Backward Arabesques

Dance Step Sequence (Freestyle 4 / Freestyle 5 / 16 steps own design)

(SCORING 1 – 10)

Posture _____

Content _____

Correctness _____

Pattern _____

Rhythm _____

Duration (2.0) _____

Interpretation _____

TEST RESULT

PASS _____

INCOMPLETE _____

Notes: _____

