

**TEST DAY POST EVENT REPORT**

Please send copies to both your Regional Director & your Judges Bureau Representative

Host Club: Date: Time:

Test Chair: Phone #:

Email: Level of Test Day:

Evaluator #1: Evaluator #2:

Evaluator #3: Evaluator #4:

# of Skaters: Women: Men: # of Adult Skaters: # of First Nation Skaters:

# of Special Olympic Skaters # of Volunteers:

**INTERPRETIVE TESTS: DANCE TESTS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Introductory |  | Preliminary |  | Sr. Silver |  | Bronze Rhythm |  |
| Bronze |  | Jr. Bronze |  | Gold |  | Silver Interpretive |  |
| Silver |  | Sr. Bronze |  | Diamond |  | Gold Interpretive |  |
| Gold |  | Jr. Silver |  | Variation |  |  |
| Passes |  | Passes |  |  |
| Retrys |  | Retrys |  |

**FREE SKATING TESTS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Preliminary Elements |  | Sr Bronze Elements |  | Sr Silver Elements |  |
| Preliminary Program |  | Sr Bronze Program |  | Sr Silver Program |  |
| Jr Bronze Elements |  | Jr Silver Elements |  | Gold Elements |  |
| Jr Bronze Program |  | Jr Silver Program |  | Gold Program |  |
| Passes |  |  |
| Retrys |  |

**SKATING SKILL TESTS**

|  |  |
| --- | --- |
| Preliminary |  |
| Jr Bronze |  |
| Sr Bronze |  |
| Jr Silver |  |
| Sr Silver |  |
| Gold |  |
| Passes |  |
| Retrys |  |