



GAME PLAN POST EVENT REPORT

- TEST DAY -

Host Club: _____ Date: _____

Test Chair: _____ Time: _____

Phone #: _____ Level of Test D _____

Evaluator #1: _____ Evaluator #2: _____

Evaluator #3: _____ Evaluator #4: _____

Number of Skaters: Ladies: _____ Men: _____

Number of Volunteers : _____ Number of Adult Skaters: _____

Number of First Nations Skaters: _____ # Special Olympic Participants: _____

INTERPRETIVE TESTS:

Introductory _____

Bronze _____

Passes: _____

Silver _____

Gold _____

Retrys: _____

COMPETITIVE TESTS:

Singles _____

Pairs _____

Dance _____

DANCE TESTS:

Preliminary _____

Jr. Bronze _____

Sr. Bronze _____

Jr. Silver _____

Passes: _____

Sr Silver: _____

Gold: _____

Diamond: _____

Variation: _____

Retrys: _____

Bronze Rhythm _____

Silver Interpretive _____

Gold Interpretive _____

FREE SKATING TESTS

Preliminary Elements _____

Preliminary Program _____

Jr. Bronze Elements _____

Jr. Bronze Program _____

Passes: _____

Sr. Bronze Elements _____

Sr. Bronze Program _____

Jr. Silver Elements _____

Jr. Silver Program _____

Retrys: _____

Sr. Silver Elements _____

Sr. Silver Program _____

Gold Elements _____

Gold Program _____

SKATING SKILL TESTS

Preliminary _____

Jr. Bronze _____

Passes: _____

Sr. Bronze _____

Jr. Silver _____

Retrys: _____

Sr. Silver _____

Gold _____

Copies to: Regional Supervisor; Judges Bureau Representative