

**NZIFSA - MEDAL TEST REPORT FORM**

TO: NZIFSA Test & Competition Secretary  
 12 St Peters Close  
 Woolston  
 Christchurch 8062

YOUR NAME: \_\_\_\_\_

YOUR CLUB: \_\_\_\_\_

TEST DATE: \_\_\_\_\_

RINK: \_\_\_\_\_

Do not send payment with this form. Send judges sheets with this form.

INVOICE: (circle one) Skaters' Home Clubs Our Club

TC No.	Skater - Last Name	Skater - First Name	Class [1]	Discipline [2]	Medal Test [3]	Dance [4]	Fee	Result [5]	Judge 1	Judge 2	Judge 3	Prob Judge 1	Prob Judge 2	Prob Judge 3
<b>TOTAL FEE</b>														

NOTES:  
 1. Class = Standard or Adult (S/A)  
 2. Discipline = Stroking, Singles Freeskating, Compulsory Dance, Original Dance, Free Dance, Pairs Freeskating, etc.  
 3. Medal Test = either test number (e.g. 0, 1, etc.) or test name (e.g. Preliminary, Elementary, Inter Bronze, etc.)  
 4. Dance = name of Compulsory Dance (e.g. Canasta Tango)  
 5. Result = write in full: PASS or FAIL, except for Compulsory Dance, where use FAIL if skater failed the dance, PASS INCOMPLETE if the dance was passed but not all dances for the test have been passed, or PASS COMPLETE if the dance was passed and all dances for the medal test have been passed.

SIGNED: \_\_\_\_\_

If any judges were reimbursed by your organisation for travel to these tests, please list their names here:  
 \_\_\_\_\_