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
TOTAL FEE														

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 Compursory 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:

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