The Super Skater Test

Level II

See back of this form for Super Skater Test requirements

Print Please

Rink Name: ____________________________ Membership ID: ____________

Address: ________________________________ Phone: ________________

City: __________________________ State: __________ Zip: __________

Judges Name: ________________________________

Judges Signature: ____________________________ Test Date: ____________

The Test candidate must perform and pass only four of six requirements. In the space provided for each requirement performed, mark “pass” or “fail”, then use the last column on the right to indicate the overall test grade or “pass” or “fail”.

<table>
<thead>
<tr>
<th>Candidate’s Name</th>
<th>Requirements</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

When completed, return this form to:

Roller Skating Association International
6905 Corporate Drive
Indianapolis, IN 46278
Ph: 317-347-2626    Fx: 317-347-2636
Email: achievement@rollerskating.com
www.rollerskating.org