RESET FORM

RSA COACHES TEST REPORT

TEST DATE: _____ **TEST RINK ID:** _____

COACH DETAILS

Coach's Name
(Please Print)

Membership Type:
(Circle One) SRSTA / SCA

Membership ID:

Total # of Tests	# Passed	# Failed

Coach's Signature:

All information appearing herein is true to the best of my knowledge

ASD – Am. Solo Dance
ATD – Am Team Dance
ISD – Intl Solo Dance
ITD – Intl Team Dance
CF – Circle Figure
LF – Loop Figure

FS – Freestyle
IFS – Inline Freestyle
QS – Quad Speed
ILS – Inline Speed
SS – Super Skater

TEST TYPE (Circle One)	Level	# Passed	# Failed
Choose One:			
Choose One:			
Choose One:			
Choose One:			
Choose One:			
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Choose One:			
Choose One:			
Choose One:			
Choose One:			
Choose One:			
Choose One:			

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