

THE SUPER SKATER TEST

LEVEL II

Print Please

Rink Name: _____ Membership ID: _____

Address: _____ Phone _____

City: _____ State: _____ Zip: _____

Test Date: _____ Coaches Name: _____

Judges Name: _____

Judges Signature: _____

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".

	Candidate's Name	Requirements						Pass
		1	2	3	4	5	6	/ Fail
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

When completed, return this form with \$3 per test to:

If pins were pre-purchased, please mark here:

Roller Skating Association International
6905 Corporate Drive
Indianapolis, IN 46278

*Note: If you pre-purchased pins, you MUST return your test forms to the RSA office to have your tests recorded/credited throughout the year.