Summary of Achievement Test Reports
Roller Skating Association, 6905 Corporate Dr., Indianapolis, IN 46278, Office: 317-347-2626, Fax: 317-347-2636

Tests taken at: ____________________________________________  ____________________________ ____________________________  
(rink name)  (rink ID)  (City)  

Skaters’ home rink (if different): ____________________________________________  ____________________________ ____________________________  
(rink name)  (rink ID)  (City)  

Date of test center: ____________________________  Page #_______ of _________ pages  

Instructions: Submit this form to the RSA national office within 10 days of the test center, along with the Original RSA copies of the individual test report forms which have been signed by the judges. Use a separate summary sheet for each rink participating in the test center. Each test must be listed on a separate line. It works best if you group all tests taken by the same skater then list them in alphabetical order. Be sure all tests forms are marked “passed” or “Failed” and are listed on this summary as such. Accuracy in completing this form will greatly expedite the return of the appropriate test awards.

PLEASE REMEMBER TO KEEP A COPY FOR YOUR RECORDS

<table>
<thead>
<tr>
<th>Test Candidate’s Full Name</th>
<th>Test Number Taken</th>
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<tbody>
<tr>
<td>(Last)  (First)</td>
<td>Solo Dance  Am. Dance  Int. Solo Dance  Int. Dance  Circle Fig.  Loop Fig.  Freestyle  Inline Freestyle  Quad Speed  In-Line Speed  Hockey  Super Skater  Pass/Fail  RSA Fee</td>
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FOR RSA OFFICE USE ONLY
Summary of Test(s) Passed

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Total Number of Tests Passed: ________
Total Number of Tests Failed: ________
Total Number of Test Taken: ________
Total RSA Fees Remitted: ________
Person preparing this report: ________

Date Prepared: ________________

Remit only the RSA fee portion of the test fee. From the test fee – the rink operator must deduct one dollar per test, and four dollars from the final gold test. DO NOT deduct any amount from the test fee for the Gold Medal Tests.