

MEDAL TEST

Program Content

THIS FORM MUST BE RETURNED WITH APPLICATION FORM

Please fill in by computer or write in capital letters!

Province:		
Category:	Men <input type="checkbox"/>	Ladies <input type="checkbox"/>
Section:		
Competitor(s) NAME:		
Coaches Name(s):		

ELEMENTS IN ORDER OF SKATING

	Elements SP / OD
1	
2	
3	
4	
5	
6	
7	
8	

	Elements FS / FD
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Short Program Music: _____

Long Program Music: _____

Please return this form, with the completed medal test application form to: