2016-2017 Michigan High School Figure Skating State Championship
Team Event Roster

District: **Competition Location:**
High School Team Name: **Competition Date:**

Skaters Names	Test Level a Freestyle	*s of 11/11/16 Moves*	Notes	Jumps				Moves				Spins			
Level A				1	2	3	4	1	2	3	4	1	2	3	4
Level B															
Level C															

List **all** rostered team skaters. Mark which elements each skater will be performing with a check (e.g. If they are performing the second jump, put a check in Jumps Box 2).
If a skater is not participating, please indicate the reason under the notes column (e.g. agsence, discipline, injury, academic probation, other-specify