



ISI Hockey Skills / Passing & Shooting 2

Test Date _____

ISI Rink # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Passing

Stationary Forehand _____

Stationary Backhand _____

Passing While Skating _____

TEST RESULT **PASS** _____ **INCOMPLETE** _____

Examiner Signature _____ Prof. # _____

Comments: _____

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