



ISI Hockey Skills / Passing & Shooting 3

Test Date _____

ISI Rink # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Shooting

Wrist Shot _____

Slap Shot _____

Backhand Shot _____

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

Examiner Signature _____ Prof. # _____

Comments: _____

Ice Skating Institute * 6000 Custer Rd, Bldg. 9 * Plano, Texas 75023