



ISI Special Skater 10 Test - Delta

Test Date _____

Rink ISI # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

Facilities / Clubs / Schools – Check Here if patch ***is not*** to be sent!

MANEUVERS

PASS

INCOMPLETE

Right Forward Inside 3-Turn _____

Left Forward Inside 3-Turn _____

Forward Outside Edges _____

Forward Inside Edges _____

Bunny Hop _____

Lunge or Shoot-the-Duck _____

TEST RESULT:

PASS _____

INCOMPLETE _____

Examiner Signature _____ Prof. # _____

Comments:

