



ISI Special Skater 9 Test

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

Forward Inside Mohawk Sequence
(Left **or** Right side)

Right Forward Outside 3-Turn

Left Forward Outside 3-Turn

Hockey Stop

TEST RESULT:

PASS _____

INCOMPLETE _____

Examiner Signature _____ Prof. # _____

Comments:
