



# ISI Synchronized Skating Test 2

Team Name \_\_\_\_\_ ISI # \_\_\_\_\_

Coach Name \_\_\_\_\_ Home Rink \_\_\_\_\_

Test Date \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Judge Name \_\_\_\_\_ Prof. # \_\_\_\_\_

*Test results should be registered with the ISI office on the Test Registration spreadsheet.*

**MANEUVERS:**

**Pass**

**Incomplete**

Forward Intersection \_\_\_\_\_

Forward Skating Line to 2-Spoke Wheel \_\_\_\_\_

Forward 2-Spoke Wheel to Block \_\_\_\_\_

Forward Block to Circle \_\_\_\_\_

**FORMATION COMPULSORY PROGRAM:**

Forward Skating Line \_\_\_\_\_

Forward Circle \_\_\_\_\_

Forward 2-Spoke Wheel \_\_\_\_\_

Forward Skating Block \_\_\_\_\_

Forward Intersection \_\_\_\_\_

**(Scoring 1-10 – minimum 5 to pass)**

Maneuvers \_\_\_\_\_ Unison \_\_\_\_\_ Correctness \_\_\_\_\_ Rhythm \_\_\_\_\_

Transitions \_\_\_\_\_ Duration (1:45) \_\_\_\_\_ Team Presentation \_\_\_\_\_

**TEST RESULT:    **PASS** \_\_\_\_\_    **INCOMPLETE** \_\_\_\_\_**

**Notes:**

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