



ISI Synchronized Skating Test 3

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

Line _____

Footwork Block _____

Circle _____

Wheel _____

Intersection _____

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

Notes:

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

Tel: 972 735 8800 Fax: 972 735 8815