



Pre-Alpha Test Sheet

Skater Name _____ ISI # _____

Skater Birthdate ___/___/___ Address _____

Test Date _____ City / State / Zip _____

Judge Name _____ Prof. # _____ Rink _____

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

MANEUVERS:

Pass

Incomplete

2-Foot Glide _____

1-Foot Glide – Left Foot _____

1-Foot Glide – Right Foot _____

Forward Swizzles _____

Backward Wiggles _____

Backward Swizzles _____

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

Notes:

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