



Special Skater 10 Test Form

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:

ISI * 6000 Custer Rd., Bldg. 9 * Plano, Texas 75023
Phone (972) 735-8800 * Fax (972) 735-8815