



ISI Synchronized Skating Test 1

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

Demonstration of Holds _____
a) Hand b) Shoulder c) Waist

Forward Skating Line _____

Forward Circle _____

Forward Two-Spoke Wheel _____

Forward Skating Block _____

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

Notes:
