



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:
