



# 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:**

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