



ISI Synchronized Skating Test 4

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 to Intersection _____

Intersection to Circle _____

Circle to Footwork Block _____

Footwork Block to Wheel _____

SKATING COMPULSORY PROGRAM:

Skating Line _____

Footwork Block _____

Circle _____

Wheel _____

Intersection _____

(Scoring 1-10 – minimum 5 to pass)

Maneuvers _____ Unison _____ Technical Merit _____

Transitions _____ Rhythm _____ Duration (2.5 min.) _____

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

Notes:

