



Hockey Skills / Passing & Shooting 2 Test Form

Test Date _____

ISI Rink # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Passing

Stationary Forehand _____

Stationary Backhand _____

Passing While Skating _____

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