



## Tot 1 and Tot 2

\_\_\_\_\_  
Name of Skater

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Date of Test

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone #

### MANEUVERS FOR TOT TEST 1

	<u>Pass</u>	<u>Incomplete</u>
1. Proper Way to Fall	_____	_____
2. Proper Way to Get Up	_____	_____
3. Marching In Standing Position	_____	_____
4. Marching While Moving	_____	_____

### MANEUVERS FOR TOT TEST 2

	<u>Pass</u>	<u>Incomplete</u>
1. Two-Foot Jump in Place	_____	_____
2. Forward Swizzle - Standing Still	_____	_____
3. Single Swizzle	_____	_____
4. Beginning Two Foot Glide	_____	_____

\_\_\_\_\_  
Rink Name / Rink Number

\_\_\_\_\_  
Professional Name / Member Number

\_\_\_\_\_  
Professional Signature

**Ice Sports Industry**

