Tot 3 Test Form

Name of Skater	Birthdate	Gender	Date of Test

Address

Email Address_____ Phone #_____

MANEUVERS

		Pass	Incomplete
1.	Push and Glide Stroking	_____	_____
2.	Preparation for Snow Plow Stop	_____	_____
3.	Dip	_____	_____
4.	Forward Swizzle	_____	_____

Rink Name / Rink Number

Professional Name / Member Number

Professional Signature

Ice Sports Industry

Rev 1/23