



Hockey Skills / Passing & Shooting 3 Test Form

Test Date_____

ISI Rink #_____ Rink Name_____

Name_____ ISI #_____

Address_____

City_____ State_____ Zip_____

Skaters Age_____ Male _____ Female_____

MANEUVERS

Pass

Incomplete

Shooting

Wrist Shot _____

Slap Shot _____

Backhand Shot _____

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

Examiner Signature_____ Prof. #_____

Comments: _____

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