

HOCKEY SKILLS TEST 2



MBR. NO.# _____ SKATER NAME _____
(Family Name) (First Name)

BIRTHDATE _____ GENDER _____ Male / Female
DD / MM / YYYY

ADDRESS _____

MBR. NO.# _____ Examiner _____
(Family Name) (First Name)

MBR. NO.# _____ Rink / Club _____

HSki2_en_v12a

Send original to: Ice Skating Institute Asia, GPO Box No. 579, General Post Office, Hong Kong SAR China. Make a photocopy for rink or club.

TEST DATE _____

Maneuvers Required

Pass

Incomplete

Passing

1. Stationary Forehand (4 passes and receptions)
2. Stationary Backhand (4 passes and receptions)
3. Passing While Skating (2 F / 2 B passes and receptions)

* *Equipment: Full hockey equipment is recommended.*

TEST RESULT

PASS _____

INCOMPLETE _____

EXAMINER SIGNATURE: _____

Comments: _____
