

HOCKEY SKILLS TEST 3



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 _____

HSki3_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

Shooting

1. Wrist Shot (4 shots against boards)

2. Slap Shot (4 shots against boards)

3. Backhand Shot (4 shots against boards)

** Equipment: Full hockey equipment is recommended.*

TEST RESULT

PASS _____

INCOMPLETE _____

EXAMINER SIGNATURE: _____

Comments: _____
