HOCKEY SKILLS TEST 3



BIRTHDATE GENDER Male / Female ADDRESS MBR. NO.# Examiner (Family Name) (First Name) MBR. NO.# Examiner (Family Name) (First Name) MBR. NO.# Rink / Club (First Name) MBR. NO.# Rink / Club Send original to: loe 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)	
MBR. NO.# Examiner	
MBR. NO.# Rink / Club First Name (First Name) MBR. NO.# Rink / Club First Name (First Name) MBR. NO.# Rink / Club First Name (First Name) 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)	
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 Shooting 1. Wrist Shot (4 shots against boards) 2. Slap Shot (4 shots against boards) ———————————————————————————————————	
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1. Wrist Shot (4 shots against boards) 2. Slap 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:	_