

DATE OF EXAM : / /



EXAM PASSED

EXAM FAILED
(More than 2 mistakes)

NAME _____
 SURNAME _____
 LICENCE # _____
 COUNTRY _____

NBTA LEVEL 1 - TWIRLING

MOVEMENTS	PASSED	FAILED
-----------	--------	--------

1	NBTA salute	<input type="checkbox"/>	<input type="checkbox"/>
2 a	Horizontal wrist twirl (RH to LH)	<input type="checkbox"/>	<input type="checkbox"/>
2 b	Horizontal wrist twirl (LH to RH)	<input type="checkbox"/>	<input type="checkbox"/>
3 a	Figure 8 (RH to LH)	<input type="checkbox"/>	<input type="checkbox"/>
3 b	Figure 8 (LH to RH)	<input type="checkbox"/>	<input type="checkbox"/>
4	Horizontal Figure 8	<input type="checkbox"/>	<input type="checkbox"/>
5	Two hands front twirl	<input type="checkbox"/>	<input type="checkbox"/>
6 a	Flourish RH	<input type="checkbox"/>	<input type="checkbox"/>
6 b	Flourish LH	<input type="checkbox"/>	<input type="checkbox"/>
7 a	Reverse Wheel RH	<input type="checkbox"/>	<input type="checkbox"/>
7 b	Forward wheel LH	<input type="checkbox"/>	<input type="checkbox"/>
8	Figure 8 with whip (RH to LH)	<input type="checkbox"/>	<input type="checkbox"/>
9	Pretzels-Swings	<input type="checkbox"/>	<input type="checkbox"/>
10	Passes	<input type="checkbox"/>	<input type="checkbox"/>
11 a	Vertical fingers RH	<input type="checkbox"/>	<input type="checkbox"/>
11 b	Vertical fingers LH	<input type="checkbox"/>	<input type="checkbox"/>
12 a	Horizontal fingers RH	<input type="checkbox"/>	<input type="checkbox"/>
12 b	Horizontal fingers LH	<input type="checkbox"/>	<input type="checkbox"/>
13 a	Hand roll RH	<input type="checkbox"/>	<input type="checkbox"/>
13 b	Hand roll LH	<input type="checkbox"/>	<input type="checkbox"/>
14 a	Single open arm and elbow roll RH	<input type="checkbox"/>	<input type="checkbox"/>
14 b	Single open arm and elbow roll LH	<input type="checkbox"/>	<input type="checkbox"/>
15 a	Hand release grab catch	<input type="checkbox"/>	<input type="checkbox"/>
15 b	Hand release open hand catch	<input type="checkbox"/>	<input type="checkbox"/>
16	Hand release RH to LH	<input type="checkbox"/>	<input type="checkbox"/>
17	Vertical thumb toss RH to RH	<input type="checkbox"/>	<input type="checkbox"/>
18	Vertical thumb toss RH to LH	<input type="checkbox"/>	<input type="checkbox"/>
19	Horizontal toss RH	<input type="checkbox"/>	<input type="checkbox"/>
20	Horizontal toss LH	<input type="checkbox"/>	<input type="checkbox"/>

NUMBER OF MISTAKES

INSTRUCTOR'S NAME / COUNTRY :

SIGNATURE :