

TEAM NAME _____

DIVISION _____

(+) Superior Performance

(@) Average Performance

(✓) Improvement Needed

Choreographm		
STYLE/MOVEMENT	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Composition	A. 18 - 20	(20)
<input type="checkbox"/> Creativity/Variety	B. 16 - 17	
<input type="checkbox"/> Sustained Movement/Fluidity	C. 14 - 15	
<input type="checkbox"/> Originality	D. 7 - 13	
<input type="checkbox"/> Appropriateness	F. 0 - 6	
<input type="checkbox"/> Musical Interpretation		
J-GI 5 @IMPACT/STAGING		
	MAXIMUM VALUE	
<input type="checkbox"/> Continuity/Transitions	A. 18 - 20	(20)
<input type="checkbox"/> Use of Area/Floor Patterns	B. 16 - 17	
<input type="checkbox"/> Change of Level/Floorwork	C. 14 - 15	
<input type="checkbox"/> Visual Effects	D. 7 - 13	
	F. 0 - 6	

Comments

Execution		
UNIFORMITY	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Upper Body Precision	A. 18 - 20	(20)
<input type="checkbox"/> Lower Body Precision	B. 16 - 17	
<input type="checkbox"/> Timing	C. 14 - 15	
<input type="checkbox"/> Spacing	D. 7 - 13	
<input type="checkbox"/> Movement Pathways	F. 0 - 6	
MOVEMENT QUALITY		
	MAXIMUM VALUE	
<input type="checkbox"/> Body Control/Technique	A. 18 - 20	(20)
<input type="checkbox"/> Energy/Dynamics	B. 16 - 17	
<input type="checkbox"/> Sustained Movement/Fluidity	C. 14 - 15	
<input type="checkbox"/> Turns	D. 7 - 13	
<input type="checkbox"/> Leaps/Jumps	F. 0 - 6	
<input type="checkbox"/> Legwork/Footwork		

Performance		
SHOWMANSHIP	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Facial Expression	A. 18 - 20	(20)
<input type="checkbox"/> Projection	B. 16 - 17	
<input type="checkbox"/> Focus	C. 14 - 15	
<input type="checkbox"/> Confidence in Performance	D. 7 - 13	
<input type="checkbox"/> Musicality	F. 0 - 6	
<input type="checkbox"/> Body Emotion		
<input type="checkbox"/> Uniform/Accessories/Grooming		

TOTAL SCORE (100)

JUDGE: _____