

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"/> Use of Poms	B. 16 - 17	
<input type="checkbox"/> Pom Variety/Creativity	C. 14 - 15	
<input type="checkbox"/> Ö&æ c	D. 7 - 13	
<input type="checkbox"/> AppropriatenessÁ	F. 0 - 6	
<input type="checkbox"/> Musical Interpretation		

J-GI 5 @IMPACT/STAGING	MAXIMUM VALUE	SCORE
<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 LevelFloorwork	C. 14 - 15	
<input type="checkbox"/> Pom Visual Effects	D. 7 - 13	
<input type="checkbox"/>	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"/> Use of Poms	F. 0 - 6	
<input type="checkbox"/>		

MOVEMENT QUALITY	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Body Control/Technique	A. 18 - 20	(20)
<input type="checkbox"/> Range of Motion	B. 16 - 17	
<input type="checkbox"/> Dynamics	C. 14 - 15	
<input type="checkbox"/> Turns/Leaps/Jumps	D. 7 - 13	
<input type="checkbox"/> Legwork/Footwork	F. 0 - 6	
<input type="checkbox"/> Flexibility		
<input type="checkbox"/>		

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 Energy		
<input type="checkbox"/> Uniform/Accessories/Grooming		
<input type="checkbox"/>		

TOTAL SCORE (100)

JUDGE: _____