

TEAM NAME _____

DIVISION _____

(+) Superior Performance

(@) Average Performance

(✓) Improvement Needed

Choreographm

STYLE/MOVEMENT	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Composition	0-8 - 20	(20)
<input type="checkbox"/> Originality/Creativity	0-6 - 17	
<input type="checkbox"/> Variety/Ambidexterity	0-4 - 15	
<input type="checkbox"/> Rhythm	0-3 - 13	
<input type="checkbox"/> Appropriateness	0-4 - 15	
<input type="checkbox"/> Musical Interpretation	0-4 - 15	
J-GI 5 @IMPACT/STAGING	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Continuity/Transitions	0-8 - 20	(20)
<input type="checkbox"/> Use of Area/Floor Patterns	0-6 - 17	
<input type="checkbox"/> Change of Level/Floorwork	0-4 - 15	
<input type="checkbox"/> Visual Effects	0-3 - 13	

Comments

Execution

UNIFORMITY	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Upper Body Precision	0-8 - 20	(20)
<input type="checkbox"/> Lower Body Precision	0-6 - 17	
<input type="checkbox"/> Timing	0-4 - 15	
<input type="checkbox"/> Spacing	0-3 - 13	
<input type="checkbox"/> Movement Pathways	0-4 - 15	
MOVEMENT QUALITY	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Body Control/Technique	0-8 - 20	(20)
<input type="checkbox"/> Range of Motion	0-6 - 17	
<input type="checkbox"/> Dynamics	0-4 - 15	
<input type="checkbox"/> Turns	0-3 - 13	
<input type="checkbox"/> Isolations: Head/Neck/Ribs/Hips	0-4 - 15	
<input type="checkbox"/> Leaps/Jumps	0-4 - 15	

Performance

SHOWMANSHIP	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Facial Expression	0-8 - 20	(20)
<input type="checkbox"/> Projection	0-6 - 17	
<input type="checkbox"/> Focus	0-4 - 15	
<input type="checkbox"/> Confidence in Performance	0-3 - 13	
<input type="checkbox"/> Musicality	0-4 - 15	
<input type="checkbox"/> Body Energy	0-4 - 15	
<input type="checkbox"/> Uniform/Accessories/Grooming	0-4 - 15	

TOTAL SCORE (100)

JUDGE: _____