

TEAM NAME _____

DIVISION _____

(+) Superior Performance

(@) Average Performance

(✓) Improvement Needed

Choreographm		
STYLE/MOVEMENT	MAXIMUM VALUE	SCORE
<input type="checkbox"/> Focus on the Prop	A. 18 - 20	(20)
<input type="checkbox"/> Continuity of Prop in Routine	B. 16 - 17	
<input type="checkbox"/> Prop Composition	C. 14 - 15	
<input type="checkbox"/> Creativity/ Variety	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/Prop Transitions	A. 18 - 20	(20)
<input type="checkbox"/> Use of Area/Floor Patterns	B. 16 - 17	
<input type="checkbox"/> Use of Props	C. 14 - 15	
<input type="checkbox"/> Prop 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"/> Handling of Props	F. 0 - 6	
MOVEMENT QUALITY		
	MAXIMUM VALUE	
<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"/> Coordination	D. 7 - 13	
<input type="checkbox"/> Turns/Leaps/Jumps	F. 0 - 6	
<input type="checkbox"/> Flexibility		

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"/> Effectiveness of Props	F. 0 - 6	
<input type="checkbox"/> Body Energy		
<input type="checkbox"/> Uniform/Accessories/Grooming		

TOTAL SCORE (100)

JUDGE: _____