



CHEER: NON-MOUNT: TEAM

Team Name/Competitor Name
Place Label Here
If no label use space to the right.

Team Name/Competitor Name

Division

City/State

CATEGORY	MAX	PTS	COMMENTS
MOTIONS	10		<input type="checkbox"/> Strong motions <input type="checkbox"/> Good variety <input type="checkbox"/> Good incorporation <input type="checkbox"/> Good difficulty <input type="checkbox"/> Good movement <input type="checkbox"/> Flying arms/bent wrists <input type="checkbox"/> Needs variety <input type="checkbox"/> Not together <input type="checkbox"/> Add difficulty <input type="checkbox"/> Tighten & pop motions
JUMPS	10		<input type="checkbox"/> Good incorporation <input type="checkbox"/> Good variety <input type="checkbox"/> Good precision <input type="checkbox"/> Good height <input type="checkbox"/> Good landings <input type="checkbox"/> Point toes <input type="checkbox"/> Need variety <input type="checkbox"/> More height <input type="checkbox"/> Jumps off <input type="checkbox"/> Landings off
STANDING TUMBLING	10		<input type="checkbox"/> Strong tumbling <input type="checkbox"/> Good incorporation <input type="checkbox"/> Good squad tumbling <input type="checkbox"/> Could be stronger <input type="checkbox"/> Tumbling off <input type="checkbox"/> Need more squad tumbling
RUNNING TUMBLING	10		<input type="checkbox"/> Strong tumbling <input type="checkbox"/> Good incorporation <input type="checkbox"/> Good squad tumbling <input type="checkbox"/> Could be stronger <input type="checkbox"/> Tumbling off <input type="checkbox"/> Need more squad tumbling
DANCE	10		<input type="checkbox"/> Good technique <input type="checkbox"/> Flashy/exciting <input type="checkbox"/> Good incorporation <input type="checkbox"/> Good control <input type="checkbox"/> Good music interp. <input type="checkbox"/> More technique <input type="checkbox"/> Too fast/too slow <input type="checkbox"/> Add difficulty <input type="checkbox"/> Not together <input type="checkbox"/> More body control
FORMATIONS/SPACING/ TRANSITIONS/FLOW	10		<input type="checkbox"/> Good use of floor <input type="checkbox"/> Good formations <input type="checkbox"/> Good variety of form. <input type="checkbox"/> Good flow <input type="checkbox"/> Tight transitions <input type="checkbox"/> Watch spacing <input type="checkbox"/> Formations need variety <input type="checkbox"/> Use more of the floor <input type="checkbox"/> Transitions sloppy <input type="checkbox"/> Transitions slow
TIMING/SYNCHRONIZATION/ SHARPNESS	10		<input type="checkbox"/> Smooth transitions <input type="checkbox"/> Good timing <input type="checkbox"/> Good precision <input type="checkbox"/> Too fast/too slow <input type="checkbox"/> Not together <input type="checkbox"/> Break in the flow
CHOREOGRAPHY/CREATIVITY/ DIFFICULTY	10		<input type="checkbox"/> Solid routine <input type="checkbox"/> Very creative <input type="checkbox"/> Good use of skills <input type="checkbox"/> Good difficulty <input type="checkbox"/> Choppy/doesn't flow <input type="checkbox"/> Too much/jumbled <input type="checkbox"/> Needs creativity <input type="checkbox"/> Add difficulty
SHOWMANSHIP/PROJECTION/ EXPRESSION	10		<input type="checkbox"/> Strong voices/facials <input type="checkbox"/> Excellent spirit/energy <input type="checkbox"/> Good projection <input type="checkbox"/> Good eye contact <input type="checkbox"/> Weak voices/facials <input type="checkbox"/> Maintain energy <input type="checkbox"/> More smiles <input type="checkbox"/> More eye contact
OVERALL IMPRESSION	10		<input type="checkbox"/> Solid routine <input type="checkbox"/> Very creative <input type="checkbox"/> Good use of skills <input type="checkbox"/> Good crowd appeal <input type="checkbox"/> More variety <input type="checkbox"/> Tighten skills <input type="checkbox"/> More showmanship <input type="checkbox"/> More crowd appeal
TOTAL	100		ADDITIONAL COMMENTS
			JUDGE I.D. <div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>