



CHEER: NON-TUMBLE: INDIVIDUAL

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"/> Flashy/exciting <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"/> Too fast/too slow <input type="checkbox"/> Add difficulty
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
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"/> More body control <input type="checkbox"/> Add difficulty <input type="checkbox"/> Need better incorp.
TIMING/RHYTHM/ SHARPNESS	10		<input type="checkbox"/> Good rhythm <input type="checkbox"/> Good timing <input type="checkbox"/> Good precision <input type="checkbox"/> Timing off <input type="checkbox"/> Too fast/too slow <input type="checkbox"/> More precision
TRANSITIONS/FLOW/ USE OF FLOOR	10		<input type="checkbox"/> Good use of floor <input type="checkbox"/> Good flow <input type="checkbox"/> Good transitions <input type="checkbox"/> Transitions slow <input type="checkbox"/> Use more of the floor <input type="checkbox"/> Transitions sloppy
SHOWMANSHIP/EXPRESSION/ CROWD APPEAL	10		<input type="checkbox"/> Good enthusiasm <input type="checkbox"/> Good facials <input type="checkbox"/> Good eye contact <input type="checkbox"/> Good smiles <input type="checkbox"/> More facials <input type="checkbox"/> More energy <input type="checkbox"/> More eye contact <input type="checkbox"/> More smiles
CROWD LEADING INCORPORATION	10		<input type="checkbox"/> Enthusiasm conveyed <input type="checkbox"/> Strong Delivery <input type="checkbox"/> Easy to follow <input type="checkbox"/> More confidence <input type="checkbox"/> Stronger projection <input type="checkbox"/> Hard to follow
CHOREOGRAPHY/CREATIVITY/ DIFFICULTY	10		<input type="checkbox"/> Good variety <input type="checkbox"/> Very creative <input type="checkbox"/> Good use of skills <input type="checkbox"/> Good difficulty <input type="checkbox"/> Needs variety <input type="checkbox"/> Add originality <input type="checkbox"/> Need creativity <input type="checkbox"/> Add difficulty
VOICE/PROJECTION	10		<input type="checkbox"/> Strong voice <input type="checkbox"/> Good projection <input type="checkbox"/> Weak voice <input type="checkbox"/> Stronger projection
OVERALL IMPRESSION	10		<input type="checkbox"/> Solid routine <input type="checkbox"/> Very creative <input type="checkbox"/> Good use of skills <input type="checkbox"/> Entertaining <input type="checkbox"/> Choppy/doesn't flow <input type="checkbox"/> Too much/jumbled <input type="checkbox"/> Needs cleaning/polishing <input type="checkbox"/> Out of skill level

TOTAL 100

ADDITIONAL COMMENTS

JUDGE I.D.