

TECHNICAL C - INTRODUCTORY GRADE

TEAM NO:.....

TEAM NAME:.....**DATE:**

| DURING MOVEMENTS | COMMENTS |
|---|----------|
| <p>LEG / FOOT ACTION</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Pacing Together <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Even Length Paces <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>HALTS:</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Stopping Together <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Feet Together <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>MARK TIMES:</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Uniform Height <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Staying On The Spot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>TURN:</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Stopping Together <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Pivot <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>MOVING MARK TIME:</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Correct Direction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Speed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>SIDE PACES:</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Foot Carried Directly Across <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Feet Together At Completion <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>TEMPO:</p> <p style="text-align: center;">1 2 3 4 5</p> <p>Staying In Step With The Music <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | |

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| | TOTAL DEDUCTIONS |
|--|-------------------------|

Judge's Signature

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| Recorder Check | | | | |
|-------------------|--|--|--|--|