

# TECHNICAL C - INTRODUCTORY GRADE

**TEAM NO:**.....

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

DURING MOVEMENTS	COMMENTS
<p><b>LEG / FOOT ACTION</b>                    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><b>HALTS:</b>                                    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><b>MARK TIMES:</b>                        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><b>TURN:</b>                                    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><b>MOVING MARK TIME:</b>                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><b>SIDE PACES:</b>                        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><b>TEMPO:</b>                                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>	

	<b>TOTAL DEDUCTIONS</b>
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**Judge's Signature** .....

Recorder Check				
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