



Name: _____

Division: _____

	Max	Points	Components	Comments
Dance Style				
	15		<input type="checkbox"/> Placement/Control <input type="checkbox"/> Energy Level <input type="checkbox"/> Attitude <input type="checkbox"/> Hip Hop Feel <input type="checkbox"/> Overall Style	
Execution Of Elements				
	15		<input type="checkbox"/> Hip Hop Tricks <input type="checkbox"/> Isolations <input type="checkbox"/> Variety of Tempos <input type="checkbox"/> Sharp Popping Motions <input type="checkbox"/> Foot Work	
Difficulty				
	10		<input type="checkbox"/> Variety of Elements <input type="checkbox"/> Number of Elements <input type="checkbox"/> Difficulty of Elements <input type="checkbox"/> Difficulty of Choreography	
Rhythm And Timing				
	15		<input type="checkbox"/> Timing With Music <input type="checkbox"/> Group Synchronization <input type="checkbox"/> Uniformity <input type="checkbox"/> Precision	
Use Of Floor				
	15		<input type="checkbox"/> Variety <input type="checkbox"/> Use of Floor <input type="checkbox"/> Accurate Spacing <input type="checkbox"/> Flow of Transitions	
Choreography				
	10		<input type="checkbox"/> Creativity <input type="checkbox"/> Music Selection <input type="checkbox"/> Visual Effects	
Appearance				
	5		<input type="checkbox"/> Confidence <input type="checkbox"/> Enhances Performance <input type="checkbox"/> Creative Appearance	
Expression				
	5		<input type="checkbox"/> Attitude/Emotion <input type="checkbox"/> Eye Contact <input type="checkbox"/> Music Interpretation	
Performance Impression				
	10		<input type="checkbox"/> Entertaining <input type="checkbox"/> Originality <input type="checkbox"/> Energy Level <input type="checkbox"/> Seamless Flow	
Additional Comments:				
Grand Total _____ / 100				
Judge # _____				