



SAFETY & VIOLATIONS

Team Name _____ Team Number _____

Number of Participants: _____ Performance Time: _____

Judge Number _____ Date _____

Violation / Point Deduction	Explanation (if applicable)	Deduction
<input type="checkbox"/> Overtime 5-10 Seconds	1 point/judge _____	<input type="checkbox"/>
<input type="checkbox"/> Overtime 11 Seconds & Over	3 points/judge _____	<input type="checkbox"/>
<input type="checkbox"/> General Rules Violation	5 points/judge _____	<input type="checkbox"/>
<input type="checkbox"/> Movement Rules Violation	5 points/judge _____	<input type="checkbox"/>
<input type="checkbox"/> Individual <input type="checkbox"/> Groups/Pairs <input type="checkbox"/> Dismounts <input type="checkbox"/> Other	_____	<input type="checkbox"/>

Total Deductions _____

Number of Judges _____

FINAL Deductions _____

COMMENTS: _____
