

Innilgard A&S Competition Judging Form

(to be filled out by Judges)

DATE: (____/____/____)

EVENT: _____

NAME OF ENTRANT: _____

NAME OF ENTRY: _____

SCORES:

Judge 1	Judge 2	Judge 3	
DOCUMENTATION	/10	/10	/10
AUTHENTICITY	/10	/10	/10
CREATIVITY	/10	/10	/10
PRESENTATION	/10	/10	/10
COMPLEXITY/SKILL	<u>/10</u>	<u>/10</u>	<u>/10</u>
TOTAL SCORE	/50	/50	/50

Judges please note that if no documentation is supplied, then there is no score in this category)

FINAL AVERAGE= /50

(Please transfer the final average score to the entrants Comments form which is returned to the entrant).

Names and contact phone of Judges:

1.

2.

3.

Event A&S Steward:

Name:

Contact:

(This form is to be retained and forwarded to Innilgard A&S Officer)