# SHADOW JUDGING

NAME: _____ DATE: _____

Shadow Judging at Level: **ONE** *OR* **TWO**

***Shadow Judging will only be recognized for the appropriate level of training***

COMPETITION: _____ EVENT: _____

*(Include Age Group and solo, duet, team or combo)*

Please circle one: Figures Technical Artistic

| Comp. # | JUDGE 1 | JUDGE 2 | JUDGE 3 | JUDGE 4 | JUDGE 5 | Practice |
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*Shadow Judge Forms are available on the Synchro Alberta Website* *updated - March 2011*