

**TRYOUT CLINIC**

Name \_\_\_\_\_ Number \_\_\_\_\_

Attitude during clinic ..... 0 .5 1.0 1.5 2.0

Appearance..... 0 .5 1.0 1.5 2.0

Skills..... 0 .5 1.0 1.5 2.0

Motions..... 0 .5 1.0 1.5 2.0

Listening during clinic..... 0 .5 1.0 1.5 2.0

Total \_\_\_\_\_

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