

TEAM NUMBER

AUTO

Have One? _____
Move? _____
Pre load? _____
#Pick up? _____

CLIMB

Can it Climb? _____
Level? _____
Dump? _____
Full Match _____
Half Match _____
Last 30 Seconds _____

DIMENSIONS

Under 30"? _____
Over 30"? _____
Max Height? _____

DEFENSIVE

Blocking Shield? _____

POSITIONS

Starting? _____
Shooting? _____
Climbing? _____

Record any other pertinent information on the back of this sheet. Please return to Adriana Rice from Team 20.

DIVISION (CIRCLE)

A / C / G / N

DRIVETRAIN (CHECK ALL THAT APPLY)

of CIMS? _____
Tank? _____
Swerve? _____
West Coast? _____
Six Wheel? _____
Four Wheel? _____
Three Wheel? _____
None? _____
Other (descibe)? _____

YOUR NAME

WHEELS ?

Traction? _____
Mecanum? _____
Omni? _____
Caster? _____
Kit of Parts? _____
Other? _____

FEEDING SYSTEM

Feeder Station? _____
Floor Pickup? _____
Feed/Shoot from same side? _____

YOUR TEAM

HOW?

Champion? _____
Pick #? _____
HOF/E _____
Chairmans? _____
Engineering Inspiration? _____
Rookie All-Star _____
Sustaining or Original _____

In case of a position not on this map: write 0, and specify St for Starting, Sh for Shooting, or Cl for Climbing.

