



2014 Weapons Scoring Sheet

Division: **KA500**
 Black Belts, Boys Age 8 & Under

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Ryan Scott	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.97"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.97"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.97"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="29.91"/>	<u>1st</u>
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Ryan Scott
 2nd Place: _____
 3rd Place: _____

1st Place: _____
 2nd Place: _____
 3rd Place: _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA502**
 Black Belts, Boys, Ages 9-10

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Colt Boone	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.97"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.97"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="29.92"/>	<u>1st</u>
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Colt Boone
 2nd Place: _____
 3rd Place: _____

1st Place: _____
 2nd Place: _____
 3rd Place: _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA504**
 Black Belts, Boys, Ages 11-12

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Isaac Clark	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="29.94"/>	<u>1st</u>
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Isaac Clark

 2nd Place: _____

 3rd Place: _____

1st Place: _____

 2nd Place: _____

 3rd Place: _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA506**
 Black Belts, Boys, Ages 13-14

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Griffin McClain	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="29.94"/>	<u>1st</u>
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Griffin McClain

 2nd Place: _____

 3rd Place: _____

1st Place: _____

 2nd Place: _____

 3rd Place: _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA507**
 Black Belts, Girls, Ages 13-14

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Trista Voekler	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="9.99"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="29.95"/>	<u>1st</u>
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Trista Voekler
 2nd Place: _____
 3rd Place: _____

1st Place: _____
 2nd Place: _____
 3rd Place: _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA508**
 Black Belts, Boys, Ages 15-17

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Andrew Biscardi	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.99"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.99"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="29.96"/>	<u>1st</u>
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Andrew Biscardi

 2nd Place: _____

 3rd Place: _____

1st Place: _____

 2nd Place: _____

 3rd Place: _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA509**
 Black Belts, Girls, Ages 15-17

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Mary Battle	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.97"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.97"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="29.92"/>	<u>1st</u>
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Mary Battle
 2nd Place: _____
 3rd Place: _____

1st Place: _____
 2nd Place: _____
 3rd Place: _____

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA510**
 Black Belts, Men's, Adult (Ages 18-40)

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: Christopher Boyd	9.98	9.97	9.97			29.92	3rd
Name: Eric Canfield	9.98	9.99	9.98			29.95	1st
Name: Chad Houk	9.98	9.96	9.99			29.93	2nd
Name:						0	
Name:						0	
Name:						0	
Name:						0	
Name:						0	

Virginia

- 1st Place: Eric Canfield

- 2nd Place: Chad Houk

- 3rd Place: Christopher Boyd

Out of State

- 1st Place:

- 2nd Place:

- 3rd Place:

Judges

- 1

- 2

- 3

- 4

- 5

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA511**
 Black Belts, Women's, Adult (Ages 18-40)

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: <u>K.C. Addair</u>	9.98	9.98	9.98			29.94	<u>2nd</u>
Name: <u>Christina Lofaro</u>	9.97	9.99	9.99			29.95	<u>1st</u>
Name: _____						0	_____
Name: _____						0	_____
Name: _____						0	_____
Name: _____						0	_____
Name: _____						0	_____
Name: _____						0	_____

Virginia

1st Place: Christina Lofaro
2nd Place: K.C. Addair
3rd Place:

Out of State

1st Place:
2nd Place:
3rd Place:

Judges

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA512**
 Black Belts, Men's, Senior (Ages 41-50)

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Mark Dean	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="9.99"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="9.99"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="29.96"/>	<u>1st</u>
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

1st Place: Mark Dean
 2nd Place: _____
 3rd Place: _____

Out of State

1st Place: _____
 2nd Place: _____
 3rd Place: _____

Judges

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA513**
 Black Belts, Women's, Senior (Ages 41-50)

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: Kelly Rife	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="9.98"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="29.94"/>	<u>1st</u>
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____
Name: _____	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px;" type="text"/>	<input style="width: 60px; height: 40px; text-align: center; font-size: 24px;" type="text" value="0"/>	_____

Virginia

Out of State

Judges

1st Place: Kelly Rife

 2nd Place:

 3rd Place:

1st Place:

 2nd Place:

 3rd Place:

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Scorekeeper: _____



2014 Weapons Scoring Sheet

Division: **KA514**

Black Belts, Men's, Senior (Ages 51-60)

Ring:

	Judge 1	Judge 2	Judge 3	Judge 4	Judge 5	Total	Place
Name: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	_____
Name: Steven McClain	9.98	9.97	9.98	<input type="text"/>	<input type="text"/>	29.93	1st
Name: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	_____
Name: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	_____
Name: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	_____
Name: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	_____
Name: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	_____
Name: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	_____

Virginia

1st Place: Steven McClain

2nd Place: _____

3rd Place: _____

Out of State

1st Place: _____

2nd Place: _____

3rd Place: _____

Judges

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Scorekeeper: _____