

2014 Scouting Sheet by CROWDSCOUT
Wisconsin Regional — March 20th – 22th, 2014

Please fill in the boxes neatly and completely with a black wet erase marker. **Do not** make marks around the corner circles. Fields that are left unfilled will cause problems; please answer completely. Please communicate any issues directly with a scouting department member.

Name and team number:

.....

Team Number:

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Round Number:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Possessions:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Passes Received:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Information:

<input type="checkbox"/> TS	Truss Shooter
<input type="checkbox"/> TC	Truss Catcher
<input type="checkbox"/> AM	Auto Moved
<input type="checkbox"/> HP	Balls Received from Human Player
<input type="checkbox"/> D	Disabled During Match

Notes:

Passes Attempted:	Successfully Passed:	Goals Attempted:	Successful Goals:	Hot Goals:	Successful Auto Goals:	Attempted Auto Goals:
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0 0	<input type="checkbox"/> 0 0	<input type="checkbox"/> 0 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1 1	<input type="checkbox"/> 1 1	<input type="checkbox"/> 1 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2 2	<input type="checkbox"/> 2 2	<input type="checkbox"/> 2 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3 3	<input type="checkbox"/> 3 3	<input type="checkbox"/> 3 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4			
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5			
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6			
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7			
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8			
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9			

Comments/Notes: