









Place Contestant Label Here

Mark Your Placing Selection Below.

- | | |
|--|--|
| <input type="checkbox"/> 1-2-3-4  | <input type="checkbox"/> 3-1-2-4  |
| <input type="checkbox"/> 1-2-4-3  | <input type="checkbox"/> 3-1-4-2  |
| <input type="checkbox"/> 1-3-2-4  | <input type="checkbox"/> 3-2-1-4  |
| <input type="checkbox"/> 1-3-4-2  | <input type="checkbox"/> 3-2-4-1  |
| <input type="checkbox"/> 1-4-2-3  | <input type="checkbox"/> 3-4-1-2  |
| <input type="checkbox"/> 1-4-3-2  | <input type="checkbox"/> 3-4-2-1  |
| <input type="checkbox"/> 2-1-3-4  | <input type="checkbox"/> 4-1-2-3  |
| <input type="checkbox"/> 2-1-4-3  | <input type="checkbox"/> 4-1-3-2  |
| <input type="checkbox"/> 2-3-1-4  | <input type="checkbox"/> 4-2-1-3  |
| <input type="checkbox"/> 2-3-4-1  | <input type="checkbox"/> 4-2-3-1  |
| <input type="checkbox"/> 2-4-1-3  | <input type="checkbox"/> 4-3-1-2  |
| <input type="checkbox"/> 2-4-3-1  | <input type="checkbox"/> 4-3-2-1  |





















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- | | |
|---|--|
| <input type="checkbox"/> 1-2-3-4  | <input type="checkbox"/> 3-1-2-4  |
| <input type="checkbox"/> 1-2-4-3  | <input type="checkbox"/> 3-1-4-2  |
| <input type="checkbox"/> 1-3-2-4  | <input type="checkbox"/> 3-2-1-4  |
| <input type="checkbox"/> 1-3-4-2  | <input type="checkbox"/> 3-2-4-1  |
| <input type="checkbox"/> 1-4-2-3  | <input type="checkbox"/> 3-4-1-2  |
| <input type="checkbox"/> 1-4-3-2  | <input type="checkbox"/> 3-4-2-1  |
| <input type="checkbox"/> 2-1-3-4  | <input type="checkbox"/> 4-1-2-3  |
| <input type="checkbox"/> 2-1-4-3  | <input type="checkbox"/> 4-1-3-2  |
| <input type="checkbox"/> 2-3-1-4  | <input type="checkbox"/> 4-2-1-3  |
| <input type="checkbox"/> 2-3-4-1  | <input type="checkbox"/> 4-2-3-1  |
| <input type="checkbox"/> 2-4-1-3  | <input type="checkbox"/> 4-3-1-2  |
| <input type="checkbox"/> 2-4-3-1  | <input type="checkbox"/> 4-3-2-1  |



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- | | |
|--|--|
| <input type="checkbox"/> 1-2-3-4  | <input type="checkbox"/> 3-1-2-4  |
| <input type="checkbox"/> 1-2-4-3  | <input type="checkbox"/> 3-1-4-2  |
| <input type="checkbox"/> 1-3-2-4  | <input type="checkbox"/> 3-2-1-4  |
| <input type="checkbox"/> 1-3-4-2  | <input type="checkbox"/> 3-2-4-1  |
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| <input type="checkbox"/> 2-1-3-4  | <input type="checkbox"/> 4-1-2-3  |
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| <input type="checkbox"/> 2-3-1-4  | <input type="checkbox"/> 4-2-1-3  |
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| <input type="checkbox"/> 2-4-3-1  | <input type="checkbox"/> 4-3-2-1  |


Write Your Answers Below
NOTES

Total Score _____

	0	5	
	1	6	
	2	7	
	3	8	
	4	9	

Write Your Answers Below
NOTES

Total Score _____

	0	5	
	1	6	
	2	7	
	3	8	
	4	9	

Write Your Answers Below
NOTES





















Total Score _____

	0	5	
	1	6	
	2	7	
	3	8	
	4	9	

Place Contestant Label Here

UT Eastern Region 4-H
Questions Score Card





















Class _____

Question #1	Question #2	Question #3	Question #4	Question #5
<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 
<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 
<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 
<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 

Place Contestant Label Here

UT Eastern Region 4-H
Questions Score Card




















Class _____

Question #1	Question #2	Question #3	Question #4	Question #5
<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 
<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 
<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 
<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 

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UT Eastern Region 4-H
Questions Score Card

Class _____

Question #1	Question #2	Question #3	Question #4	Question #5
<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 	<input type="checkbox"/> 1 
<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 	<input type="checkbox"/> 2 
<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 	<input type="checkbox"/> 3 
<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 	<input type="checkbox"/> 4 