



Name: _____

Day: (circle) **Thu - Fri - Sat**Match Type: ☐ Practice ☐ QualificationMatch Number



















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

AutonomousRobot starting position: ☐ Left ☐ Center ☐ RightDid robot obstruct partner? ☐ No ☐ Yes

Ubertube Position

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tele-operated Period

Tubes Hung	Column 1	Column 2	Column 3		Column 4	Column 5	Column 6			
Shape Key	  	  	  		  	  	  			
Top Row	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Middle Row	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Bottom Row	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Tubes Delivered to Scoring Zone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Defense	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Exceptional									

End Game

During the End Game the robot: (Select only one)

☐ Did nothing ☐ Hung tube(s) ☐ Deployed Mini-bot on post (successfully)Mini-bot Race Score: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Did not finish**Negatives:** (Select all that apply)☐ Yellow Card ☐ Red Card ☐ Broke Down ☐ Spare**Leave a comment** (Please write your comment clearly and legibly in the box below.)
