

# Academic Team Roster of Cadets

Please turn in upon arrival

Please list the 15 cadets that will represent your school in the academic exam  
Should there be any changes to this roster, you can note revisions to  
the Host Unit OIC prior to the exam. Your exam time will be assigned on the day's schedule.

SCHOOL NAME:

Please print or type all cadets as follows:

Last Name, First name

	Last Name	First Name	SCORE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
		TOTAL:	

# Sit-Up and Push-Up Data Sheet

School Name: \_\_\_\_\_

FEMALES			MALES		
Curl-Ups			Curl-Ups		
Last Name	First Name	Number Completed	Last Name	First Name	Number completed
TOTAL #			TOTAL #		
SCORE			SCORE		

Push ups			Push ups		
Last Name	First Name	Number completed	Last Name	First Name	Number completed
TOTAL #			TOTAL #		
SCORE			SCORE		

This sheet must be filled in and presented to the senior judge by your team captain when your team reports to the sit ups and push up area. If you do not have the required 8 members for each event then place the word **NONE** in the Last Name block and enter a Zero in the number completed block that corresponds to the row that has a none in the name block

16 X 100 Data Sheet

School Name:

**FEMALES**

**MALES**

Last Name	First Name

Last Name	First Name	

TIME

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8 X 200 Data Sheet

School Name: <SCHOOL NAME> HS

**FEMALES**

**MALES**

Last Name	First Name

Last Name	First Name	

TIME

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