

Division (circle one)	Team ID _____	Round (circle one)	
Jr                      Sr	Team Name _____	1                      2	
Unknown Start was Correct?	Y                      N		
Number of Bottles pushed off	0    1    2    3	(Sr Only)	
Did the robot stay on the table for 3 sec after last bottle?	Y                      N		
<b>CHECK ONE BELOW</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>_____ <b>Completion Time</b> (if all bottles off and robot on table and robot stopped for at least 10 sec; do not include 10 sec after stop)</p> <p style="text-align: center;"><b>OR</b></p> <p>_____ <b>Survival time</b> (if bottles left, robot falls off table or robot still moving)</p>	Elapsed (from Zero)	Remaining (from 120 sec)	Record BOTH times
Judge's Initials	_____		
Team Member's Initials	_____		

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