



**ANNUAL MCJROTC YOUTH PHYSICAL FITNESS
POSTAL COMPETITION
SCORE SHEET**

REGION: _____

SCHOOL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COACHES

NAME: _____ EMAIL

ADDRESS: _____ PHONE

NUMBERS:

(Work): _____ (Home): _____

Date of Scoring: _____

All team members must have competed together in consecutive exercises
Do not record the best scores over the course of several attempts

Cadet Name	*****CRUNCHES *****POINTS	PUSH-UPS POINTS	LONG JUMP POINTS	PULL-UPS POINTS	SHUTLE RUN POINTS	TOTAL POINTS
1 _____						
2 _____						
3 _____						
4 _____						
5 _____						
6 _____						
Alternate _____						

Name of Instructor attesting to the validity of cadet scores

Team Gender: Male Female

Please email this form to: Helen Hicks @ CORPSMA@AOL.COM
