



# BBQ

## SCORECARD



Contest : \_\_\_\_\_

Judge's Name: \_\_\_\_\_

Date: \_\_/\_\_/20\_\_

Participant/Team No.: \_\_\_\_\_

(Mark the corresponding score for each criteria)

Presentation

5	4	3	2	1
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Taste

5	4	3	2	1
---	---	---	---	---

Texture

5	4	3	2	1
---	---	---	---	---

Tenderness

5	4	3	2	1
---	---	---	---	---

Appearance

5	4	3	2	1
---	---	---	---	---

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Total Points

/25

Comments:



# BBQ



## SCORE CARD

Contest \_\_\_\_\_

Judge \_\_\_\_\_

Date \_\_\_\_\_

Team \_\_\_\_\_

Presentation

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Texture

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tenderness

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Flavor

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Smoke Ring

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Aroma

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Creativity

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total

<input type="text"/>
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