



Judging Summary Form

Team Name: _____

Team Number: _____

County: _____

DIRECTIONS:

Make sure all information at top is correct. If a team does not show, please write "No Show" across the top and return with other forms. Do **NOT** change team or group numbers.

1. At the conclusion of cook-off, verify judges' scores and fill in information below. Calculate the final score and ask for judges' verification. Place this form in front of the completed judging rubric and paper clip all items related to the cook-off together. Please do **NOT** staple.
2. At the end of competition in the room, double check all scores, names and team numbers to ensure accuracy. Sort results by team order and turn in to the Lead or Assistant Consultant.
3. Please check with the Lead or Assistant Consultant if there are any questions regarding the evaluation process.

JUDGES' SCORES:

Judge 1 _____ Initials _____

Judge 2 _____ Initials _____

Judge 3 _____ Initials _____

Total Score _____ divided by number of judges

_____ = **Average Judge Score**

VERAFICATION OF FINAL SCORE: (please initial)

Judge 1 _____ Judge 2 _____ Judge 3 _____ Lead Consultant _____