



Red Alliance



Match: _____ Field: _____

AUTO Period

	ARTIFACTS		ROBOT	None	LEAVE
CLASSIFIED	_____		Robot 1	<input type="checkbox"/>	<input type="checkbox"/>
OVERFLOW	_____		Robot 2	<input type="checkbox"/>	<input type="checkbox"/>

PATTERN

GATE	1	2	3	4	5	6	7	8	9	SQUARE
GREEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GREEN
PURPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PURPLE
NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE

TELEOP Period

	ARTIFACTS		BASE	None	Partial	Full
CLASSIFIED	_____		Robot 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERFLOW	_____		Robot 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPOT	_____					

PATTERN

GATE	1	2	3	4	5	6	7	8	9	SQUARE
GREEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GREEN
PURPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PURPLE
NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NONE

FOULS

MINOR _____ # MAJOR _____

VIOLATIONS

G206 G417.A G418.A G418.B G419.B G431.C

Team #	No Robot	DQ	YELLOW CARD	RED CARD
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>