# CHALLENGE FORM

**CHALLENGER:**_____ **Name of Person being Challenged:**_____

**Requested Date:**_____ **Monitor(s), if any**_____

| | PITCH | | RHYTHM | | TONE | | MUSICIANSHIP | | Sight Reading | |
|---|---|---|---|---|---|---|---|---|---|---|
| | (30) | (30) | (20) | (20) | (30) | (30) | (30) | (30) | (30) | |
| **PLAYERS** | **#1** | **#2** | **#1** | **#2** | **#1** | **#2** | **#1** | **#2** | | **TOTAL** |
| **(A)** | | | | | | | | | | |
| **(B)** | | | | | | | | | | |
| **(C)** | | | | | | | | | | |