

Name:	R/L:	Pos:
<b>FEET</b>		<b>NON SHOOTING HAND</b>
<input type="checkbox"/> <b>Level</b>	<input type="checkbox"/>	<b>Pure</b>
<input type="checkbox"/> <b>Shoulder width</b>	<input type="checkbox"/>	Front
<input type="checkbox"/> Narrow	<input type="checkbox"/>	Top
<input type="checkbox"/> Wide	<input type="checkbox"/>	Pointed Back or On Back
<input type="checkbox"/> Staggered	<input type="checkbox"/>	Two Handed
<input type="checkbox"/> Flared \ /	<input type="checkbox"/>	6 Fingered
	<input type="checkbox"/>	Early Off ball

<b>LEGS</b>		<b>SHOOTING HAND</b>	
<input type="checkbox"/> <b>Bent</b>	<input type="checkbox"/>	<input type="checkbox"/> <b>Index finger centered</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>Finish on toes</b>	<input type="checkbox"/>	<input type="checkbox"/> middle finger centered	<input type="checkbox"/>
<input type="checkbox"/> knock kneed	<input type="checkbox"/>	<input type="checkbox"/> cross target line	<input type="checkbox"/>
<input type="checkbox"/> twisted	<input type="checkbox"/>	<input type="checkbox"/> narrow fingers	<input type="checkbox"/>
<input type="checkbox"/> Straight	<input type="checkbox"/>	<input type="checkbox"/> <b>spread fingers</b>	<input type="checkbox"/>
<input type="checkbox"/> flat footed	<input type="checkbox"/>	<input type="checkbox"/> Palm on ball	<input type="checkbox"/>
<input type="checkbox"/> back straight	<input type="checkbox"/>	<input type="checkbox"/> <b>palm off ball</b>	<input type="checkbox"/>

<b>BALANCE</b>		<b>ELBOW</b>	
<input type="checkbox"/> <b>Solid</b>	<input type="checkbox"/>	<input type="checkbox"/> <b>In</b>	<input type="checkbox"/>
<input type="checkbox"/> R L Lean	<input type="checkbox"/>	<input type="checkbox"/> <b>Out</b>	<input type="checkbox"/>
<input type="checkbox"/> Lean Back	<input type="checkbox"/>		
<input type="checkbox"/> F B R L Jump	<input type="checkbox"/>		
<input type="checkbox"/> Rotate	<input type="checkbox"/>		
<input type="checkbox"/> Narrow Finish	<input type="checkbox"/>		
<input type="checkbox"/> One foot	<input type="checkbox"/>		

<b>BALL PATH</b>		<b>WRIST (PLATFORM)</b>	
<input type="checkbox"/> <b>Straight line - front</b>	<input type="checkbox"/>	<input type="checkbox"/> <b>Bent (square)</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>Straight line - side</b>	<input type="checkbox"/>	<input type="checkbox"/> Flat (Triangle)	<input type="checkbox"/>
<input type="checkbox"/> Out from body	<input type="checkbox"/>	<input type="checkbox"/> Late Setter	<input type="checkbox"/>
<input type="checkbox"/> C-Shaped	<input type="checkbox"/>		
<input type="checkbox"/> Right Shoulder	<input type="checkbox"/>		
<input type="checkbox"/> Left Shoulder	<input type="checkbox"/>		
<input type="checkbox"/> Back of head	<input type="checkbox"/>		

<b>RELEASE</b>		<b>WRIST SNAP</b>	
<input type="checkbox"/> <b>on plane</b>	<input type="checkbox"/>	<input type="checkbox"/> <b>On Line</b>	<input type="checkbox"/>
<input type="checkbox"/> flat	<input type="checkbox"/>	<input type="checkbox"/> Pointed R (Thumb Down)	<input type="checkbox"/>
<input type="checkbox"/> too high	<input type="checkbox"/>	<input type="checkbox"/> Pointed L (Pinkie Down)	<input type="checkbox"/>
<input type="checkbox"/> <b>Aligned (Shooting DNA)</b>	<input type="checkbox"/>	<input type="checkbox"/> Finger Snap	<input type="checkbox"/>
<input type="checkbox"/> incomplete	<input type="checkbox"/>	<input type="checkbox"/> No Snap	<input type="checkbox"/>
<input type="checkbox"/> Aimed left	<input type="checkbox"/>		
<input type="checkbox"/> Aimed right	<input type="checkbox"/>		

<b>BALL</b>	<b>OVERALL</b>
<input type="checkbox"/> <b>Pure</b>	<input type="checkbox"/> <b>Tweak</b>
<input type="checkbox"/> Tornado	<input type="checkbox"/> <b>Retool</b>
<input type="checkbox"/> Knuckleball	<input type="checkbox"/> <b>Rebuild</b>

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