



## USA GYMNASTICS SCORE INQUIRY FORM

Check One: Vault \_\_\_\_\_ Bars \_\_\_\_\_ Beam \_\_\_\_\_ Floor \_\_\_\_\_  
 Gymnast's number \_\_\_\_\_ Name \_\_\_\_\_ Score \_\_\_\_\_

This inquiry is based upon the following (check one):

1. Major Elements (Comp) or Start Value (Opt) \_\_\_\_\_
2. Neutral deductions \_\_\_\_\_
3. Spec. composition (Opt) \_\_\_\_\_
4. Score Range \_\_\_\_\_
5. Falls/Unusual Occurrences \_\_\_\_\_

List all elements that receive difficulty and connection value Judges' Use Only

Element/Bonus Value	Description of Element(s)	Y	N

Coach's Name \_\_\_\_\_ Team \_\_\_\_\_

	Judge #1	Judge #2	Judge #3	Judge #4	Average
Start Value:	_____	_____	_____	_____	_____
Score:	_____	_____	_____	_____	_____
Adjusted SV:	_____	_____	_____	_____	_____
Adjusted Score:	_____	_____	_____	_____	_____
_____ Score Not Adjusted					

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Chief Judge/Meet Referee