



## ACROBATIC GYMNASTICS APPEALS FORM

Competitor(s)			Club
Level	Event	Age	Pass/Routine
Entry #	Rotation	Panel	Date/Time
Coach Name		Signature	

Coach's Inquiry:

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Judge's Response:

Judge's Signature: \_\_\_\_\_

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Score Change:

No Change

New Difficulty Value: \_\_\_\_\_

New CJP Deductions: \_\_\_\_\_

New Difficulty Score: \_\_\_\_\_

Score Change Recorded: \_\_\_\_\_

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