

## LEVEL MOBILITY REPORT

*Note: For level mobility qualification to levels 10 and elite. Level Mobility must be declared before the event. Tariff sheets must be sent in by the appropriate deadline to be reviewed and approved. Only complete this form if requirements to move to a higher level are met. Use one report per pair/group per level.*

Check one:                      Competition Qualification: \_\_\_\_\_                      Skills Testing: \_\_\_\_\_

Location of Testing/Name of Competition: \_\_\_\_\_                      Date: \_\_\_\_\_

Sanction Number: \_\_\_\_\_                      Qualified to Level: \_\_\_\_\_                      Region: \_\_\_\_\_

Testing Coordinator/Meet Director: \_\_\_\_\_                      USAG #: \_\_\_\_\_

Athlete Names	USAG #	Team
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### For Competition Qualification:

Meet Referee: \_\_\_\_\_                      USAG#: \_\_\_\_\_

**\*\*Supporting Documentation - Attach copy of official competition results documenting execution, artistry, and difficulty scores, CJP deductions and final score for the Balance and Dynamic Exercises. Include a copy of the tariff sheets and a copy of the completed difficulty slips from the competition.**

### For Skills Testing:

	Name	Judge or Coach	USAG #
<b>Lead Evaluator</b>	Ivaylo Katsov or Selena Peco		
<b>Evaluator 2</b>			
<b>Evaluator 3</b>			

**\*\*Supporting Documentation - Attach one copy of each tariff sheet for the Balance and Dynamic Exercises as documentation that all requirements were completed successfully. The Lead Evaluator should mark each element on the tariff sheet as successfully completed or no credit. All evaluators need to sign each tariff sheet.**

**I certify that this testing was conducted according to Acrobatic Gymnastics Rules and Policies level mobility procedures. This pair/group has met the requirements to move to the level of competition stated above.**

Signature of Meet Referee/Lead Evaluator: \_\_\_\_\_                      Date: \_\_\_\_\_

Signature of Meet Director/Testing Coordinator: \_\_\_\_\_                      Date: \_\_\_\_\_

**FOR APPROVAL by the National Junior Olympic Committee Chairman the following must be done: For competition qualification, it is the coach's responsibility to complete and file this report. For skills testing, it is the Testing Coordinator's responsibility to complete and file this report. This report and all supporting documentation must be completed and mailed to the National Junior Olympic Committee Chairman, postmarked within 10 days of qualification or before the pair/group's next competition at the higher level. Non-compliance will void the level mobility results. Mail to: Selena Peco - 108 Field St., Belle Chasse, La. 70037**

Postmark Date: _____	Date Received: _____	Initials _____
----------------------	----------------------	----------------