



ACROBATIC GYMNASTICS MEET REFEREE REPORT

Date and Competition _____
 Host Team _____
 City and State _____
 Meet Referee - USAG# _____

PANEL 1

	Name of Judge	Judge's Rank/USAG #	Events Judged
CJP	_____	_____	_____
Difficulty	_____	_____	_____
Artistry	_____	_____	_____
Execution	_____	_____	_____
Artistry	_____	_____	_____
Execution	_____	_____	_____

PANEL 2

	Name of Judge	Judge's Rank/USAG #	Events Judged
CJP	_____	_____	_____
Difficulty	_____	_____	_____
Artistry	_____	_____	_____
Execution	_____	_____	_____
Artistry	_____	_____	_____
Execution	_____	_____	_____

Problems Encountered: _____

If more than 2 panels are needed, please use additional copies.

Signature of Meet Referee: _____

Send one copy to the Regional Technical Chairman and the Regional Judges' Coordinator within 10 days of the meet.

Postmark Date: ____/____/____ Date Received: ____/____/____ Initials: _____
