



## 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 (Compulsory) or Start Value (Optionals) \_\_\_\_\_
2. Neutral deductions \_\_\_\_\_
3. Specific (flat) composition deductions (Optionals) \_\_\_\_\_
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:	_____	_____	_____	_____	_____

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