



GYMNASTICS SCORE INQUIRY FORM

Select Gym: ☐ A ☐ B ☐ C

Select Event: ☐ Vault ☐ Bars ☐ Beam ☐ Floor

Gymnast #: _____

Level: _____

Score: _____

Club Name: _____

Coach's Name: _____

Select Reason (check one):

☐ Major Elements (Compulsory)

☐ Start Value (Xcel/Optionals)

☐ Neutral Deductions

☐ Specific (flat) Composition deductions

☐ Score Range

☐ Falls/Unusual Occurrences

Accompanying Video (if allowed): ☐ Y ☐ N

L I S T A L L E L E M E N T S / V A L U E P A R T S :

*Include elements that receive Connection and Difficulty Bonus		Judge Use Only	
ELEMENT/VALUE PART	DESCRIPTION OF ELEMENT(S)	Y	N

J U D G E S U S E O N L Y :

	Judge #1	Judge #2	Average
START VALUE			
SCORE			
ADJUSTED SV			
ADJUSTED SCORE			

S I G N A T U R E O F C H I E F J U D G E / M E E T R E F E R E E