Revised Aug. 2003

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. Start Value _____
2. Neutral deductions _____
3. Score Range _____

List all elements that receive difficulty and additive value **Judges' Use Only**

Element/Additive 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:	_____	_____	_____	_____	_____

_____ Score Not Adjusted

_____

_____

_____

_____

_____

Signature of Chief Judge/Meet Referee