

OHSAA 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 in routine with bonus

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 or Tournament Referee