

## OHSAA Score Inquiry Form

Event: 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 \_\_\_\_\_ School \_\_\_\_\_

	Judge 1	Judge 2	Judge 3	Judge 4
Start Value				
Score				
Adjusted Start Value				
Adjusted Score				

\_\_\_\_\_ Score Not Adjusted

**Signature of Chief Judge/Meet or Tournament Referee** \_\_\_\_\_

