

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 or Tournament Referee