



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. Major Elements (Comp) or Start Value (Opt) _____
2. Neutral deductions _____
3. Spec. composition (Opt) _____
4. Score Range _____
5. Falls/Unusual Occurrences _____

List all elements that receive difficulty and connection value

Judges' Use Only

Element/Bonus 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