



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 (Compulsory) or Start Value (Optionals) _____
2. Neutral deductions _____
3. Specific (flat) composition deductions (Optionals) _____
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