



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 _____
- Accompanying Video (if allowed) YES NO

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	_____	_____	_____	_____	_____

Signature of Chief Judge/Meet Referee