



## USA GYMNASTICS SCORE INQUIRY FORM

Check One Vault \_\_\_\_\_ Bars \_\_\_\_\_ Beam \_\_\_\_\_ Floor \_\_\_\_\_

Gymnast's Number \_\_\_\_\_ Name \_\_\_\_\_ Score \_\_\_\_\_

Gymnast's Level/Division \_\_\_\_\_

This inquiry is based upon the following (check one)

1. Major Elements (Compulsory) or Start Value (Dev/Xcel) \_\_\_\_\_
  2. Neutral deductions \_\_\_\_\_
  3. Specific (flat) Composition deductions (Dev) \_\_\_\_\_
  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	_____	_____	_____	_____	_____
Score Not Adjusted <input type="checkbox"/>					

\_\_\_\_\_  
Signature of Chief Judge/Meet Referee