

START VALUE – INQUIRY FORM

(Form to remain with Meet Referee)

<input type="text" value="Gymnast Number"/>	<input type="text" value="Class/Level"/>	<input type="text" value="Start Score Flashed"/>	<input type="text" value="Score Flashed"/>		
Gymnast Name:					
<input type="text" value="Event Apparatus"/>	<input type="text" value="Date"/>	<input type="text" value="Session #"/>			
Club Name:		City:	State:		
Coaches Name:					
<input type="text" value="Coaches Question/Comment"/>					
Routine Performed:					
	Value	Bonus	E.G.	Judges Comments	Ded
1	Ex: r/o, whip, Bk-5/2	B+D	1	IV	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
	Coach	Judge	Judges Comments		
Total Difficulty Value:					
Total E.G. (Element Group) Value:					
Total Difficulty/Connection Bonus:					
Total JO Special Bonus:					
START SCORE:					
Deductions:			Printed		
Final Score:					

Head Judges Name