



2017 - 2018 VARSITY ALL STAR FYI FORM

PERFORMANCE ARENA: _____

Program Name: _____

TIME: _____

Team Name: _____

Level: _____

PANEL: _____

Division: _____

Day: Day 1

Day2

of Participants: _____

Coach: _____

Cell Phone: _____

PLEASE INITIAL EACH BOX BELOW:

- I am the Head Coach of this team and have permission from the gym owner to submit this form.
- I understand that any discussion with an official, including the messaging on this form, must maintain proper professional conduct. Failing to do so may result in an UNSPORTSMANLIKE CONDUCT DEDUCTION OF 1.0 TO THIS TEAM.
- I understand that all rulings are final and other teams cannot be discussed or reviewed.
- I understand that a formal discussion or follow up may not take place regarding this concern.

PLEASE CHECK ONE (1) AREA OF CONCERN:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> STUNTS | <input type="checkbox"/> STANDING TUMBLING | <input type="checkbox"/> ROUTINE COMPOSITION | <input type="checkbox"/> POINT DEDUCTION |
| <input type="checkbox"/> PYRAMIDS | <input type="checkbox"/> RUNNING TUMBLING | <input type="checkbox"/> PERFORMANCE | <input type="checkbox"/> SAFETY VIOLATION |
| <input type="checkbox"/> TOSSES | <input type="checkbox"/> JUMPS | <input type="checkbox"/> TECHNIQUE | |
| <input type="checkbox"/> STUNT QUANTITY/COED QUANTITY | <input type="checkbox"/> DANCE | <input type="checkbox"/> STUNT/PYRAMID CREATIVITY | |

PLEASE DESCRIBE IN DETAIL THE ISSUE OF CONCERN: