



2017 - 2018 ROUTINE REVIEW FORM

PERFORMANCE ARENA: _____

Program Name: _____

TIME: _____

Team Name: _____ Level: _____

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 inquiry.

I understand that any discussion with an official, 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 only difficulty scores out of range can be reviewed.

PLEASE CHECK ONE (1) AREA OF CONCERN:

DIFFICULTY

STUNTS

PYRAMIDS

TOSSES

STUNT QUANTITY/COED QUANTITY

STANDING TUMBLING

RUNNING TUMBLING

JUMPS

POINT DEDUCTION

I understand that if additional point deductions are found during review, they will be assessed to my score.

PLEASE DESCRIBE IN DETAIL THE ISSUE OF CONCERN:

AFTER REVIEW (OFFICIAL USE ONLY)

HONORED

DENIED

UNSPORTSMANLIKE DEDUCTION (1.0)

Event Staff Initial: _____ Time Reviewed: _____ Panel: _____