



ROUTINE REVIEW FORM

VERSION 10.2021

Program Name: _____ Team Name: _____

Level & Division: _____ # of Participants: _____ Performance: Round 1 Round 2

Coach: _____ Cell Phone: _____

PLEASE INITIAL EACH BOX BELOW:

I understand that all rulings are final.

I understand that other teams cannot be discussed or reviewed.

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

Review our (circle one) AF BB BF MBF at (time): _____

DIFFICULTY: I understand that only difficulty scores out of range can be reviewed.

Review our (circle one)

STUNTS

PYRAMIDS

TOSSES

STUNT/COED QTY

STUNT DIV. EXPECTATION

STANDING TUMBLING

RUNNING TUMBLING

JUMPS

Script your skills with the number of groups/athletes involved for the category, in which you were scored out of range:

EXAMPLE

13 Sync BWO BHS

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AFTER REVIEW (OFFICIAL USE ONLY)

HONORED DENIED

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