

DEDUCTION REVIEW FORM

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 review	ed.
I understand that any additional infractions or scoring errors discovered will be assessed to the final score. I understand that the skills in review are being evaluated based on the way it was performed.	
REVIEW OUR (CIRCLE ONE): AF BB BF MBF	at (time):
LEGALITY:	
PLEASE DESCRIBE IN DETAIL THE ISSUE OF CONCERN:	
☐ I have a current, legal response through the USASF app with t	
performed the same way on both the video and at this event. The response and video must be present at the time the form is submitted. Please provide the associated unique key (found in the USASF app):	
AFTER DEVIEW (OFFICIAL LIGHT CANDS)	
AFTER REVIEW (OFFICIAL USE ONLY)	ט
Event Staff Initia	ıl: Time Reviewed: Panel: