



ROUTINE REVIEW FORM - TUMBLING

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.
- I understand that any additional infractions or scoring errors discovered will be assessed to the final score.

REVIEW OUR (CIRCLE ONE): **STANDING TUMBLING** **RUNNING TUMBLING** **JUMPS**

I have an official response through the Scoring Inquiry form with the video attached to show AccuScore.

Script your skills with the number of groups involved. List your skills exactly as they are listed in the level appropriate skills document.

MOST - SKILL(S)/PASS(ES)	# OF ATH.

MAJORITY - SKILL(S)/PASS(ES)	# OF ATH.

TUMBLING/JUMP QUANTITY CHART			
# OF ATH-LETES	MAJORITY	MOST	MAX
5 - 11	5	6	7
12 - 15	6	7	9
16 - 19	8	10	12
20 - 23	10	13	16
24 - 27	12	15	19
28 - 31	14	18	22
32 - 38	16	20	25

SAME SECTION PASSES	# OF ATH.

AFTER REVIEW (OFFICIAL USE ONLY) HONORED DENIED

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