



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 may be assessed to the final score.
- I have an official response through the Scoring Inquiry form with the video attached to show AccuScore.

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

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 Level 1 - Level 6 Junior			
# OF ATHLETES	MAJORITY	MOST	MAX
5 - 11	5	6	10
12 - 17	6	7	12
18 - 22	9	10	18
23 - 30	11	12	22
31 - 38	15	16	30

TUMBLING/JUMP QUANTITY CHART WORLDS Level 6 - Senior Divisions			
# OF ATHLETES	MAJORITY	MOST	MAX
5 - 11	5	6	10
12 - 16	6	7	12
17 - 22	8	9	16
23 - 30	11	12	22
31 - 38	15	16	30

TUMBLING/JUMP QUANTITY CHART INTERNATIONAL Level 1 - Level 7 (Including Global)		
# OF ATHLETES	MAJORITY	MOST
10 - 16	9	10
17 - 24	11	12

JUMP QUANTITY CHART INTERNATIONAL NT Level 6 Only		
# OF ATHLETES	MAJORITY	MOST
10 - 16	10	14
17 - 22	15	17
23 - 30	20	23

AFTER REVIEW (OFFICIAL USE ONLY) HONORED DENIED

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