



Rhythmic Gymnastics Score Inquiry Form

Apparatus: _____

Gymnast's number _____ Name _____ Score _____

| Value | Description of Element(s) | Judges' Use Only | |
|-------|---------------------------|------------------|---|
| | | Y | N |
| | | | |
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| | | | |

Coach's name _____ Team _____

Judges Deductions

| | Judge #1 | Judge #2 | Judge #3 | Judge #4 |
|----------------------|----------|----------|----------|----------|
| TV/Identified Skills | | | | |
| Original Score | | | | |
| Neutral Deductions | | | | |
| Adjusted TV | | | | |
| Adjusted Score | | | | |

Comments: _____

_____ Score not adjusted

Signature of Meet Referee