



# 2017 - 2018 ROUTINE REVIEW FORM

PERFORMANCE ARENA: \_\_\_\_\_

Program Name: \_\_\_\_\_

TIME: \_\_\_\_\_

Team Name: \_\_\_\_\_ Level: \_\_\_\_\_

Division: \_\_\_\_\_ Day: Day 1 Day2 # of Participants: \_\_\_\_\_

Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PLEASE INITIAL EACH BOX BELOW:

I am the Head Coach of this team and have permission from the gym owner to submit this inquiry.

I understand that any discussion with an official, must maintain proper professional conduct.  
Failing to do so may result in an UNSPORTSMANLIKE CONDUCT DEDUCTION OF 1.0 TO THIS TEAM.

I understand that all rulings are final and other teams cannot be discussed or reviewed.

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

PLEASE CHECK ONE (1) AREA OF CONCERN:

**DIFFICULTY**

STUNTS

PYRAMIDS

TOSSES

STUNT QUANTITY/COED QUANTITY

STANDING TUMBLING

RUNNING TUMBLING

JUMPS

**POINT DEDUCTION**

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

PLEASE DESCRIBE IN DETAIL THE ISSUE OF CONCERN:

AFTER REVIEW (OFFICIAL USE ONLY)

HONORED

DENIED

UNSPORTSMANLIKE DEDUCTION (1.0)

Event Staff Initial: \_\_\_\_\_ Time Reviewed: \_\_\_\_\_ Panel: \_\_\_\_\_