



ROUTINE REVIEW FORM: BUILDING/TUMBLING/JUMPS



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 DIFFICULTY IN (CIRCLE): STUNTS & TOSSES / PYRAMID / RUNNING / STANDING / JUMP

Script your skills with the number of athletes/groups involved. List your skills exactly as they performed.

| SKILLS | # OF ATHLETES /GROUPS |
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| SKILLS | # OF ATHLETES /GROUPS |
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AFTER REVIEW (OFFICIAL USE ONLY) HONORED DENIED

Event Staff Initial: _____ Time Reviewed: _____ Judge: _____