



HP & JO OPTIONAL PROTEST FORM

Competition: _____ Date: _____

Judging Technical

Athlete #: _____ Name: _____ Club: _____

Category:

Novice Junior Senior JO 10 JO 9 Other _____



D Score(FIG) _____

Start Value (JO)

E Score(FIG) _____

Final Score (JO)

Coach's Rationale:

Signature: _____ Time: _____

Received by: _____ Time: _____ Money: _____

Accepted: Denied:

Comments including rationale for decision:

Signature Competition Head Judge

Time

Money Returned

The Competition Head Judge & Gym Sask WAG Program Coordinator must receive a copy of the completed form before it is returned to the person who signed the protest form.



GYM SASK JO COMPULSORY PROTEST FORM

Check One: Vault _____ Bars _____ Beam _____ Floor _____

Gymnasts Name: _____ Score: _____

This inquiry is based upon the following (check one):

1. Major Elements (Comp): _____
2. Neutral deductions: _____
3. Score Range: _____
4. Falls/Unusual Occurrences: _____

List all elements that receive difficulty and connection value

Judges' use only

Element/Bonus Value	Description of Element(s)	Y	N

Coach's Name: _____ Club: _____

Received by: _____ Time: _____ Money collected: _____ Money Returned: _____

	Judge #1	Judge #2	Judge #3	Judge #4	Average
Start Value:					
Score:					
Adjusted SV:					
Adjusted Score:					

_____ Score not adjusted

Signature of Competition Head Judge

Please make a copy of this completed form for the Gym Sask WAG Program Coordinator before returning it to the person who submitted the protest