



# Gymnastics - Rhythmic Inquiry Form



## Individual

NOC		Date	
Gymnast's full name			
Competition	All-Around Qualification <input type="checkbox"/> All-Around Final <input type="checkbox"/>		
Apparatus	Hoop <input type="checkbox"/>	Ball <input type="checkbox"/>	Clubs <input type="checkbox"/> Ribbon <input type="checkbox"/>

Inquiry for: **D1-D2 score** / **D3-D4 score**

**Please circle the Difficulty sub-group(s) for which you submit this inquiry.**

Expected **D1-D2** score (COMPULSORY): \_\_\_\_\_

or / and

Expected **D3-D4** score (COMPULSORY): \_\_\_\_\_

Coach's full name: \_\_\_\_\_ Coach' signature: \_\_\_\_\_

Time Verbal Inquiry received: \_\_\_\_\_ Time Written Inquiry received: \_\_\_\_\_

### Status – for FIG use only

Superior Jury Decision	Original D1-D2 Score: ..... Final D1-D2 Score: .....	HIGHER <input type="checkbox"/>
		UNCHANGED <input type="checkbox"/>
		LOWER <input type="checkbox"/>
	Original D3-D4 Score: ..... Final D3-D4 Score: .....	HIGHER <input type="checkbox"/>
		UNCHANGED <input type="checkbox"/>
		LOWER <input type="checkbox"/>
	Original Final D Score: ..... Final Final D Score: .....	
	If score unchanged or lower, NOC <b>agrees</b> to pay the relevant amount as per TR 8.4. Invoice to be sent by FIG	
	Reason: .....	
	SJ Signature: .....	