

Form to be submitted to competition management at the Orientation Meeting

NF

Submission Date	Submission Time	Signatures	
		NF Representative	CM Representative

Discipline	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
Gymnast's Name		
BIB #		
Apparatus		
Element Description		
Diagram	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Illustration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Video/DVD/CD	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### FOR FIG USE ONLY

Evaluation	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>
SJ President's Signature									