



INQUIRY FORM

Appendix 8

National Federation		Date	
Represented by (Coach)			
BIB #		Gymnasts Name	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
QC <input type="checkbox"/>	TF <input type="checkbox"/>	AAF <input type="checkbox"/>	AF <input type="checkbox"/>

Apparatus - WAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------	--------------------------	--------------------------	--------------------------	--------------------------

Apparatus - MAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Reason for the Inquiry			
Expected D-Score (Mandatory)			
Signature of Coach			
Time of Verbal Inquiry Received		Time of Written Inquiry Received	

To be completed by European Gymnastics

Superior Jury Decision – D-Score RAISED ☐ D-SCORE UNCHANGED ☐ D-SCORE LOWERED ☐

Original D-Score	<input type="text"/>	Final D-Score	<input type="text"/>
------------------	----------------------	---------------	----------------------

If the score is unchanged or lowered, the NF **agrees** to pay to European Gymnastics (as per Ref. 8.4 of the TR), the amount of €300 for the 1st inquiry, €500 for the 2nd inquiry & €1,000 for the 3rd and subsequent inquiries.

Explanation			
Signature of the Superior Jury			