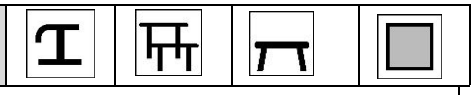
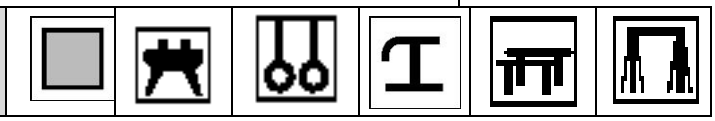
INQUIRY FORM

Appendix 9

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

JUNIORS ☐	**SENIORS** ☐	**MAG** ☐	**WAG** ☐
QC ☐	**TF** ☐	**AAF** ☐	**AF** ☐

Apparatus - WAG	
Apparatus - MAG	

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		**Final D-Score**	

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	