

REQUEST TO REVIEW

Time, Line & Bonus

BIB #	Gymnast's Name	NF Authorised Representative	NF	Date

☐ Qualification - Subd. # _____ ☐ All Around Final ☐ Apparatus Finals ☐ Team Final ☐ Mixed Team Final	☐ JUN ☐ SEN	Apparatus (circle)       
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REASON FOR REVIEW			
☐ TIME ☐ LINE ☐ WAG Vault Bonus ☐ MAG Stick Bonus			
Signature of NF Authorised Representative		Signature of Inquiry official confirming receipt of a valid review	

SUPERIOR JURY DECISION	
☐ Time/Line CHANGED ☐ WAG/MAG Bonus CHANGED	☐ Time/Line UNCHANGED ☐ WAG/MAG Bonus UNCHANGED
Reason for the decision	
Signature of the Superior Jury	