



INQUIRY FORM

An incomplete form is considered invalid & will be rejected

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"/>	MTF <input type="checkbox"/>
	AF <input type="checkbox"/>		

Apparatus - WAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Apparatus - MAG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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"/>
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If the score is unchanged or lowered, the NF agrees to pay to European Gymnastics (as per Ref. 8.5 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