



REQUEST TO REVIEW TIME, LINE & BONUS

Appendix 9

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				
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Apparatus - MAG						
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Reason for the Inquiry	Time Review <input type="checkbox"/>	Line Review <input type="checkbox"/>
	WAG Vault Bonus Review <input type="checkbox"/>	MAG Stick Bonus Review <input type="checkbox"/>

Signature of Coach	
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Time of Verbal request Received	
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To be completed by European Gymnastics

Superior Jury Decision – Time / Line Deduction Changed <input type="checkbox"/>	Time / Line Deduction Unchanged <input type="checkbox"/>
WAG / MAG Bonus Changed <input type="checkbox"/>	WAG / MAG Bonus Unchanged <input type="checkbox"/>

Explanation	
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Signature of the Superior Jury	
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