



Trampoline & Tumbling

Official Inquiry Form

Inquiry Fee:

	Personal Athlete	Non Personal Athlete (different club to appellant)
Local	\$25.00	\$50.00
State	\$50.00	\$100.00
Regional	\$75.00	\$150.00
National	\$100.00	\$200.00

- The Meet Referee must be notified of a possible inquiry 15 minutes after flights results are available AND the written inquiry, video and payment within 10 minute of notification.
- This form and a video are the only items that will be presented to the Jury of Inquiry.
- Official video will be used first, the Jury of inquiry may decide to review another video, if submitted.
- Inconclusive video will result in keeping the original judge’s decision.
- Video similar angle to the judges
- Inquiry of execution scores is not permitted, except in respect to a clerical error.
- Non Personal athlete inquiries are only allowed in regards to difficulty, interruption, landing penalties and difficulty judges penalties.
- The decision of the Jury of Inquiry is final and must be abided by.
- Rules regarding inquiries are found in the respective Code of Points, Rules & Policies. Should a specific rule not be found in the above documents, the Jury will refer to the FIG Technical Regulations.

Please print

Appellant _____ Coach Athlete

Appellant Team Name: _____

Athlete in Question Name: _____

Athlete In Question Team Name: _____

TRA TUM DMT TRS

Expected # of Valid Elements _____ Expected Difficulty for the Routine _____ Penalties _____

Time Notified: _____

Time Filed: _____

Jury of Inquiry Notes:

Number of Valid Elements: _____ Routine Difficulty: _____ Routine Penalties: _____

Judges Original Decision:

SUSTAINED

OVERRULED

Comments: _____

Jury of Inquiry Chair Name *(printed)*

Jury of Inquiry Chair Signature _____

Date

JURY OF INQUIRY

Jury Chair

Jury Member 1

Jury Member 2

Form must be signed, dated, and returned with the payment information to the Meet Referee before inquiry is accepted.

Appellant Signature: _____ Date: _____

Check #: _____ Card #: _____ Exp. Date: _____ Total Charge \$ _____

Name on Card (printed): _____

Billing Address: _____ State: _____ Zip: _____

Authorized Signature: _____ Date: _____

Cardholder's email: _____ Phone: _____