



COMPULSORY FORM

Please complete form in order of sequence as in routine. Please use black print.

Athlete(s):				Date:	
Country:			Region:		Federation:
Division:		Category:		Judge Name :	
Element No	Element Code No	Element Name	Technical Value	Score (Judge only)	Notes (Judge only)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
Compulsory form not filled in correctly					
Wrong order of sequence					
TOTAL SCORE					
Athletes' signature :				Coaches signature :	