



**OFFICIAL RANGE REVIEW FORM – SCHOOL**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Event \_\_\_\_\_

Team \_\_\_\_\_

Division \_\_\_\_\_      Level \_\_\_\_\_

Please return within 10 minutes of your performance to officially challenge any of the selected ranges for your routine.

<b>STUNTS</b>				N/A for Novice	N/A for Novice Intermediate
	0-1.0	1.0-2.0	2.0-3.0	3.0-4.0	4.0-5.0

<b>PYRAMID</b>				N/A for Novice	N/A for Novice Intermediate
	0-1.0	1.0-2.0	2.0-3.0	3.0-4.0	4.0-5.0

<b>TOSES</b>	N/A for Novice	N/A for Novice	N/A for Novice	N/A for Novice	N/A for Novice Intermediate
	0-1.0	1.0-2.0	2.0-3.0	3.0-4.0	4.0-5.0

<b>STANDING TUMBLING</b>				N/A for Novice	N/A for Novice Intermediate
	0-1.0	1.0-2.0	2.0-3.0	3.0-4.0	4.0-5.0

<b>RUNNING TUMBLING</b>				N/A for Novice	N/A for Novice Intermediate
	0-1.0	1.0-2.0	2.0-3.0	3.0-4.0	4.0-5.0

<b>JUMPS</b>				N/A for Novice	N/A for Novice Intermediate
	0-1.0	1.0-2.0	2.0-3.0	3.0-4.0	4.0-5.0

-----COACHES CHALLENGE SECTION -----

Contact Person	Cell Phone No.	Additional Phone No.

Challenge Type (Check All That Apply)      \_\_\_\_ Difficulty Score      \_\_\_\_ Deduction      \_\_\_\_ Legality      \_\_\_\_ Other

Explanation of Challenge (to be completed by coach)

Received by Team Representative / Coach Name (Printed)	Team Representative/Coach Signature