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|  | | | | | | | |
| **COMPULSORY FORM: WORLD AERIAL HOOP SPORTS CHAMPIONSHIP** | | | | | | | |
| **Please complete form in order of sequence as in routine. Please use black print.** | | | | | | | |
| **Athlete(s):** | | | | | **Date:** | | |
| **Country:** | | | | | **Federation:** | | |
| **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(s):** | | | **IPSF-Recognised Coach’s signature:** | | | **Parent Signature(s) (u/18 ONLY):** | |