



Artistic Gymnastics

New elements form



Form to be submitted to competition management at the Orientation Meeting or sooner

NOC

Submission date	Submission time	Signatures	
		NOC representative	CM representative

Discipline	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
Gymnast's name		
BIB #		
Apparatus		
Element description		
Diagram	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Illustration	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Video/DVD/CD	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FOR FIG USE ONLY

Evaluation	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>
SJ president's signature									