



OFFICIAL RANGE REVIEW FORM – ALL STAR & PERFORMANCE REC

Date _____ / _____ / _____ Event _____

Team _____

Division _____ Level _____

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

STUNTS	BELOW	LOW	MID	HIGH
	3.0-3.5	3.5-4.0	4.0-4.5	4.5-5.0

PYRAMID	BELOW	LOW	MID	HIGH
	3.0-3.5	3.5-4.0	4.0-4.5	4.5-5.0

TOSSES	Less than majority	Maj. perform LA toss	Maj. perform LA toss in sync or same section
	4.0	4.5	5.0

STUNT QUANTITY/COED	Co-ed only	4.0	4.2	4.4	4.6	4.8	5.0
	3.5						

STANDING TUMBLING	BELOW	LOW	MID	HIGH
	3.0-3.5	3.5-4.0	4.0-4.5	4.5-5.0

RUNNING TUMBLING	BELOW	LOW	MID	HIGH
	3.0-3.5	3.5-4.0	4.0-4.5	4.5-5.0

JUMPS		1 Adv. Jump	2 Connected Adv. Jumps	3 Connected Adv. Jumps, or 2 and 1
	3.5	4.0	4.5	5.0

LEGALITY DEDUCTIONS

-----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