



RANKING SCORE SHEET

Fill out and submit to TAAF State Commissioner prior to January 1.

Gym Name _____

Coach Name _____

Coach Email _____

Coach Phone Number _____

Gymnast First Name	Gymnast Last Name	Level	Vault	Bars	Beam	Floor	AA

Circle the method of ranking: In House Preseason Meet Video Review

Date ranking took place _____

Host gym name (Preseason Meet only) _____

Judge's Name (In House and Video Review only) _____

Judge's Signature (In House and Video Review Only) _____