

# Gymnastics Competition Judge Feedback Sheet

Gymnast Name:

Competition Date:

Event:

Level/Division:

Judge Name:

## Scores

Difficulty (D)	Execution (E)	Artistry	Total Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Positive Aspects

## Areas for Improvement

## General Comments