

National Award Testing Sheet Stage 1 – 3 Freehand

Gymnast's Name: _____ **Stage:** _____

Club: _____ **Date:** _____

value:	C:	value:	C:
body:	E:	body:	E:
	Total:		Total:
value:	C:	value:	C:
body:	E:	body:	E:
	Total:		Total:
value:	C:	value:	C:
body:	E:	body:	E:
	Total:		Total:
value:	C:	value:	C:
body:	E:	body:	E:
	Total:		Total:
value:	C:	value:	C:
body:	E:	body:	E:
	Total:		Total:
Total: / %			

Judge's Name: _____ **Signed:** _____

Overall Total

Freehand:	Apparatus:	Total: / %
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Achievement:

Gold	Silver	Bronze	No Pass
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Verified: _____