

**REQUEST FOR STUNT REVIEW**

Submit request no later than September 7, 2018. Send request along with \$10.00 to OSSAA, P.O. Box 14590, Oklahoma City, Oklahoma, 73113-0590.

SCHOOL \_\_\_\_\_

COACH \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_ Fax \_\_\_\_\_

COACH HOME PHONE \_\_\_\_\_ Cell Phone \_\_\_\_\_

COACH EMAIL \_\_\_\_\_

CHEERLEADING CLASSIFICATION                      6A      5A      4A      3A      2A      Small Co-ED      Large CO-ED

BRIEFLY STATE YOUR REVIEW REQUEST  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVIEW

AFTER VIEWING YOUR TAPE, I HAVE FOUND:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM UNABLE TO DETERMINE THE LEGALITY OF YOUR ACTION FROM THE TAPE PROVIDED. PLEASE FILM YOUR SQUAD AGAIN. I SUGGEST YOU:

\_\_\_\_\_  
\_\_\_\_\_

SO THAT I MIGHT BE ABLE TO DETERMINE THE LEGALITY OF THIS ACTION.

\_\_\_\_\_  
RULES INTERPRETER