

REQUEST FOR STUNT REVIEW

Submit request no later than September 14, 2019. 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