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| **National Federation or Club:** | |
| **Date:** | **Time:** |

VIDEO REVIEW REQUEST

**Routine Request for Review:**

**Element Number:**

**Contact Information of Team Leader**

Number:

E-mail:

**Signature of Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**