

**REQUEST FOR STUNT REVIEW**

Submit request no later than September 6, 2024. Send request along with \$10.00 for each review request 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

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**REVIEW**

AFTER VIEWING YOUR TAPE, I HAVE FOUND:

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

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

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RULES INTERPRETER

