Location _____ Date __/__/____ Judge Name _____ Judge# ___

WSC / WC / WJC / EC / NAC / FIS WOMEN / MEN 64F / 32F/ 16F / QF / SF / SmF / BF

DUAL MOGULS

Pair #	Bib Blue / Bib Red	Turn score		Air / Jump score		Air / Jump code				Comment
						Top Air		Bottom Air		
		Blue	Red	Blue	Red	Blue	Red	Blue	Red	