

Region 8 Petition Form for Level 9/10 Regionals

Petitions accepted as soon as you know your athlete will not be able to compete at State Meet.

Deadline receipt by Wednesday following your state meet

Level of Regionals petitioning to: _____

Gymnast's Name: _____ USAG #: _____

Birth Date: _____ Level & Age Division: _____

Gym Name: _____ USAG Club # _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail: _____

Gym Phone: _____ Preferred Contact person: _____

Preferred contact person will be notified by April 8, 2009.

- I. Attach a physician's written verification of nature of illness or injury & release to return to gymnastics training.
- II. A written request from the coach or parent.
- III. Attach a check for \$90 made out to The Master's Gymnastics
- IV. Please list the scores from one sanction meet that the AA score is 35.00 or greater. Attach a photocopy Results of a minimum of 1 Sanctioned Meet: (Scores from 2008 Regionals, Eastern's or National's may be used to satisfy this criteria.)

Vault _____

Bars _____

Beam _____

Floor _____

AA _____

Contact Person: _____

Check preferred method of contact.

Phone #: _____

E-mail: _____

Return completed form and all attachments to

Marian Dykes

Region 8 Technical Chair

4651 Buford Highway

Atlanta, GA 30341

Fax (770) 457-0943

Fax completed Petition form

Debby Kornegay

Region 8 Administrative Chair

Fax (205) 951-0184