

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 5, 2010.

- I. Attached a physician's written verification of nature of illness or injury and release to return to gymnastics training.
- II. A written request from coach or parent.
- III. Attach a check for \$100 made out to Upstate events, Inc.
- IV. Please list the scores from one sanctioned meet that the AA score is 35.00 or greater. Attach a photocopy of results of a minimum of 1 sanctioned meet. (Scores from 2009 Regional's, Eastern's, NIT'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 Chairman
4651 Buford Highway
Atlanta, GA 30341

Fax (770) 457-0943

Fax completed Petition form to:

Debby Kornegay
Region 8 Administrative Chairman

Fax (205)951-0184