

Region 8 Petition Form for XCEL 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

Division of XCEL Regionals petitioning to: _____

Gymnast's Name: _____ USAG #: _____

Birth Date: _____ Division & 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 11, 2012.

- 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. Petitioned Gymnast must be entered online. Payment will not be processed until petition is approved.
- IV. Please list the scores from one sanctioned meet. Attach a photocopy of results of a minimum of 1 sanctioned meet.

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