

REQUEST TO RAISE THE APPARATUS

National Federation										
Contact Person		Name								
		Mobile N	Number							
_										
JUNIORS		SENIOI	SENIORS MAG					WAG		
QC		TF			AAF			AF		
Sub Division 1 2 3 4										
Appara	Une	even Bars	Hig	n Bar						
BIB#		Gymnast's name					Height of Gymnast			
<u>Submission</u>										
Date	Time	Signa	Signature of the Head of Delegation			Signature of the L.O.C. Representative				
		I								
Result of the Poquest										
Result of the Request										
Approved Refused				Date: Time:			e:			
Signature of Technical Delegate										
This request must be submitted to the LOC / Information Desk at least 24 hours before the commencement of the official Podium Training.										
5										