



REPLACEMENT & / WITHRAWAL

Appendix 8

National Federation		
Contact Person	Name	
	Mobile Number	

JUNIORS <input type="checkbox"/>	SENIORS <input type="checkbox"/>	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>	
QC <input type="checkbox"/>	TF <input type="checkbox"/>	AAF <input type="checkbox"/>	AF <input type="checkbox"/>	
Sub Division	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Notice of Change / Withdrawal	
BIB #	
Gymnasts Name	
Apparatus	
To be replaced by (if applicable)	
BIB #	
Gymnasts Name	
Apparatus	

Medical Certificate attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Date	Time	Signature of the Head of Delegation	Signature of the L.O.C. Representative

This form must be submitted to the LOC / Information Desk, no later than 24 hours before the start of the 1st Subdivision / start of the Competition