******APPENDIX 6**

**Request for Withdrawal/Substitution**

**Category (please select all applicable):** Trampoline DMT Tumbling

**Athlete Information:**

|  |  |  |
| --- | --- | --- |
| Athlete number  | Name | Level  |
|  |  |  |

**Competition (please check box):**

|  |  |
| --- | --- |
| **Prelims Competition**  |  |
| **Finals Competition** |  |

**Submitted by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Manager  |  | Province |  |
| Date |  | Time |  |

**Team Substitution (if applicable):**

|  |  |  |
| --- | --- | --- |
| Athlete number  | Name | Level  |
|  |  |  |

**Received at Competition Office by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |

**Notification** (for office use only):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Control Judge |  | Results |  | Marshall  |  | Announcer |  | Music |  |