



# Gymnastics - Trampoline

## Change of Start List - Withdrawal



For submission deadlines, please refer to Team Leaders' Guide.

Location: Sport Information Desk at venue

NOC

Request for substitution			
Gender	Men	<input type="checkbox"/>	Women <input type="checkbox"/>
Competition phase	Qualification	<input type="checkbox"/>	Final <input type="checkbox"/>
Gymnast's name			Competitor Number <input type="text"/>
Reason for withdrawal			

### Medical certificate attached

For gymnast substitution 60 min prior to the beginning of each phase of the competition

Yes

☐

No

☐

Delegation representative signature

OC signature

Official FIG or competition management medical doctor signature

Date and time form submitted

D	D	M	M	Y	Y	Y	Y
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24-hour