



ARTISTIC GYMNASTICS

Request to raise the apparatus
(or remove the supplementary mat for Rings)



NOC			
NOC representative name		Signature	

Discipline	MAG ☐	WAG ☐
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Apparatus	Uneven Bars ☐	Still Rings ☐	Horizontal Bar ☐
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Gymnast's full name	BIB #	Height of gymnast

Submission date		Submission time	
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Result of the request	Approved ☐	Refused ☐
Technical Delegate signature		

This request must be submitted to the TD, 24 hours prior to the start of Podium Training.