



ARTISTIC GYMNASTICS

Gymnast's Withdrawal for All-Around Final and Apparatus Finals



NOC			
NOC representative name		Signature	

Discipline	MAG ☐	WAG ☐
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Withdrawal			
Gymnast's full name		BIB #	License #
Competition	All-Around Final ☐	Apparatus Final	☐

Replacement		Yes ☐	No ☐
Gymnast's full name		BIB #	License #
Competition	All-Around Final ☐	Apparatus Final	☐
Medical certificate		Yes ☐	No ☐

Medical certificate		Yes ☐	No ☐
LOC Medical Doctor's signature			

Submission date		Submission time	
LOC representative name		Signature	