

For submission deadlines, please refer to the work plan

Federation		Full name, Contact, Person: Mr/Mrs Phone: E-mail:
-------------------	--	---

Discipline	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
-------------------	------------------------------	------------------------------

CONFIRMATION OF WITHDRAWAL

Gymnasts are assumed to take their place in the competition unless they withdraw their place using this form

Gymnast's Name			
Licence #		Bib #	
Competition	CI <input type="checkbox"/>	Subdivision	
	CIII <input type="checkbox"/>	Apparatus	
Date Submitted		Time Submitted	
Signatures	Delegation Representative	CM Representative	

NOTICE OF REPLACEMENT (IF ANY)

Gymnast's Name			
Licence #		Bib #	
Competition	CI <input type="checkbox"/>	Subdivision	
	CIII <input type="checkbox"/>	Apparatus	
Date Submitted		Time Submitted	
Signatures	Delegation Representative	CM Representative	
		Official FIG or CM Medical Doctor	
Medical Certificate Attached For gymnasts' substitution 60min prior beginning of each phase of the competition		YES <input type="checkbox"/>	NO <input type="checkbox"/>