



Team Gymnast Meet Cancellation Request

PLEASE COMPLETE THE BELOW INFORMATION AND RETURN THIS FORM
TO THE AGA FRONT OFFICE

Gymnast Name _____ Level: _____

The above athlete will not be participating in the following Meet or Meets. I understand that if the meet fee has already been paid to the host club for this meet by AGA, I will not be reimbursed for the meet fee.

Meet/Date:	Reason
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you,

Parent/Guardian Signature

Parent/Guardian Printed Name

Date Submitted