

Kathi's Dance & Gym Center  
Meet(s) Scratch or Non-Participation Request

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Gymnast Name

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Competition Level

By completing this form, you are authorizing Kathi's Dance & Gym Center to withdrawal your gymnast from the following meet(s):

<u>Meet(s) Description</u>	<u>Meet Date(s)</u>	<u>Reason (injury, conflict, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Name  
(please print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Coach's Signature \_\_\_\_\_

Date \_\_\_\_\_