

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

Gymnast Name

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 _____