

All Around News

Region 8 Petition Form for Level 9/10 Regionals

Deadline **receipt** by Wednesday following your state meet

Level of Regionals petitioning to: _____

Gymnast's Name: _____ USAG #: _____

Birth date: _____ Level & Age Division: _____

Coach's Name: _____ Coach's Phone #: _____

E-Mail: _____ @ _____

Gym Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Gym Phone _____

- I. Attach a physician's written verification of nature of illness or injury & release to return to gymnastics training.
- II. A written request from the coach or parent.
- III. Attach a check for \$85 made out to the **Gymnastics Academy of Atlanta**
- IV. Please list the scores from one sanction meet that the AA score is 35.00 or greater. Attach a photocopy Results of a minimum of 1 Sanctioned Meet: (Scores from 2005 Regionals, Eastern's or National's may be used to satisfy this criteria.)

Vault _____

Bars _____

Beam _____

Floor _____

AA _____

Return completed form and all attachments to

Marian Dykes

Region 8 Technical Chair

4651 Buford Highway

Atlanta, GA 30341

Fax (770) 457-0943