



# Trampoline

## Change of start list - Withdrawal



For submission deadlines, please refer to Team Leaders' Guide

Location: Sport Information Desk at venue

NOC

### Request for substitution

<b>Gender</b>	Men <input type="checkbox"/>	Women <input type="checkbox"/>
<b>Competition phase</b>	Qualification <input type="checkbox"/>	Final <input type="checkbox"/>
<b>Gymnast's name</b>	<input type="text"/>	Competitor No. <input type="text"/>
<b>Reason for withdrawal</b>	<input type="text"/>	

### Medical certificate attached

For gymnasts' substitution 60 min prior to the beginning of each phase of the competition

Yes

☐

No

☐

Delegation representative signature

OC signature

Official FIG or competition management medical doctor signature

Date and time form submitted

D	D	M	M	Y	Y	Y	Y
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24-hour