**25th ACROBATIC GYMNASTICS**

**WORLD CHAMPIONSHIPS**

**Putian (CHN)**

**01 -03 April 2016**

Appendix 2

**CHANGE OF START LIST**

For submission deadlines, please refer to the Work Plan

|  |  |
| --- | --- |
| **FEDERATION** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REQUEST FOR SUBSTITUTION** | | | | |
| **Discipline** | WP MP MxP WG MG | | | |
| **Competition Round** | Qualification | | | |
| **Date submitted** |  | **Time submitted** | |  |
| **Gymnasts’ names** |  | | | |
| **Replaced by Gymnasts (names)** |  | | | |
| **Signatures** | Delegation Representative: | | OC Representative:   Date and time form received: | |
| **Status – for FIG use only** | | | | |
| **Approved** | | | Not Approved | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NOTICE OF WITHDRAWAL** | | | | | |
| **Discipline** | | WP MP MxP WG MG | | | |
| **Competition Round** | | Qualification | | | |
| **Date submitted** | |  | **Time submitted** | |  |
| **Gymnasts’ names** | |  | | | |
| **Replaced by Gymnasts (names)** | |  | | | |
| **Signatures** | | Delegation Representative: | | OC Representative:   Date and time form received: | |
| **Medical Certificate attached**  **For gymnasts’ substitution 60 min prior to  the beginning of each phase of the competition** | | | | **Yes** **No** | |
| **Delegation Representative signature:** | **OC Representative signature:** | | | **Official FIG or OC Medical Doctor signature:** | |
|  |  | | |  | |
|  | **Date and time form submitted:** | | |  | |
|  |  | | |  | |