

For submission deadlines, please refer to Competition Management

Location: Sport Information Desk at venue

NOC

### Request for substitution

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

### Medical certificate attached

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

Yes

☐

No

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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