



Men's Program PETITION FORM

Event Being Petitioned: _____ Date: _____

DIRECTIONS

To be completed by coach and gymnast. Refer to the Men's Rules & Policies Section V, JO Program, or applicable selection procedures document for petition guidelines.

The completed form should be sent to:

Senior Event: Men's Program Director, USA Gymnastics
132 E Washington, Suite 700
Indianapolis, IN 46204

Junior Event: Region & National Events – send to respective Regional Chairman
Local & State Events – send to respective State Chairman

Level – indicate only one

10 (16-18)	10 (14-15)	9	8	7	6	5	4

Date of Birth: _____ Club/Program _____

Gymnast's Name _____ Athlete USAG # _____

Gymnast's Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Coach's Name _____ Pro USAG # _____

Club Address _____

City _____ State _____ Zip _____

Email Address _____

Home # _____ Work # _____ Cell # _____

Reason for Petition

Gymnast's Signature _____ Date _____

Coach's Signature _____ Date _____

Note: Petition Form must be fully completed and all documentation (coach's statement, physician's statement, score sheets, etc.) must be attached or petition will not be considered.