



USA GYMNASTICS®

ELITE DROP BACK PETITION

Athlete Name: _____

USAG#: _____

Club: _____

Region: _____ State: _____

Month and year of last Classic or Championship for this athlete: _____

Please describe your reason for requesting to have this athlete drop back (injury, preparation for college, etc.):

Coach name: _____

Date: _____

Once complete, please email this form to the National Development Program Committee Chair Tom Koll at tkoll60@gmail.com.