



MEN'S PROGRAM PETITION FORM

This form is to be completed by the coach and gymnast. Refer to the Men's Rules & Polices, [Section V, JO Program](#), or applicable selection procedures document for petition guidelines.

Send completed form and support documentation to:

Senior Events: Vice President of Men's Program
USA Gymnastics
130 E. Washington St., Suite 700
Indianapolis, IN 46204

Junior Region & National Events: Respective Regional Chairman

Junior Local & State Events: Respective State Chairman

Name of Event Being Petitioned To: _____

	Elite	Level 10	Level 9	Level 8	Level 7	Level 6	Level 5	Level 4
Check Level								
Enter Age Group								
Enter JO or JE								

Date of Birth: _____ Club/Program: _____

Gymnast's Name: _____ Athlete #: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Coach's Name _____ Pro #: _____

Club Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

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.