



# COLLEGE PARK TUMBLEWEEDS GYMNASTICS MEET CANCELLATION FORM

\_\_\_\_\_, will not be competing in the  
(Gymnast Name)

\_\_\_\_\_ meet on \_\_\_\_\_.  
(Name of Meet) (Date of Meet)

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date submitted: \_\_\_\_\_

Please submit Meet Cancellation Form to the Head Coach a minimum of 90 days prior to the meet date.

Thank you,

\_\_\_\_\_  
Parent Signature

For Office Use Only

- Approved by Head Coach and refund applied.
- Approved by Head Coach, but no refund applied.
- Not approved by Head Coach.

\_\_\_\_\_  
Layla Constable, Head Coach