

SCRATCH FROM FINALS

FULL NAME: _____ AGE: _____

Team: _____ Coach: _____

Event #: _____ Event Name: _____

The athlete's coach must sign this form and return it to the designated Meet Official. 

One Event per Form

Signature: _____
(Coach Signature)

Signature: _____
(Designated Admin Official)

Date / Time Received: _____

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