



# MEN'S PROGRAM PETITION FORM

This form is to be completed by the coach and gymnast. Refer to the Men's Rules & Polices, 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  
1099 N. Meridian St., Suite 800  
Indianapolis, IN 46204

**Junior Region & National Events:** Respective Regional Chairperson

**Junior Local & State Events:** Respective State Chairperson

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 JN 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 include coach's statement, physician's statement, score sheets, etc., or petition will not be considered.**