



MEET ABSENCE

Gymnast's Name: _____ Gymnast's Level: _____

Unable to Attend: _____ Date of Absence: _____
(Name of Meet)

Reason for
Absence: _____

We understand that in accordance with the team handbook we will not be issued any meet refunds and that we are responsible for full meet payments, including missed meets.

Parent's Name: _____

Parent's Signature: _____ Date: _____



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