

Women's Artistic Program Competition Rule Modification Request

Athlete Name:	Team Name:
Coach Name:	Email:
Event: VAULT UNEVEN BARS	BALANCE BEAM FLOOR EXERCISE
Level/Division:	USAG Member #
perform routines in the typical way. Coaches may re	rmanent physical limitations that do not allow them to equest modifications to the rules on each event to allow the level closest to the routines being performed. Please requesting a modification on.
Physical Limitation:	
Adaptation Request: Please list the suggested rule in each discipline.	modification(s) you are requesting for the above athlete
Rule Reference (from CoP) OR Prescribed Element:	: Requested Modification
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Approved Denied Regiona	al Technical Chair