



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
7007 N 18th Street, Phoenix, Arizona 85020-5552
Phone: (602) 385-3810

VAR _____ Conf/Div _____
JV _____ Reg./Sec. _____
FR/SO _____

REQUEST TO CANCEL PROGRAM

School: _____

Date Submitted: _____

Reported by: _____

Phone: _____

Position: _____

Signature: _____

PURPOSE OF FORM: This form is used to request AIA Executive Board approval to cancel a program which could have a bearing on a regional or state play-off. (See Article 11, Section 11.4, Paragraph 11.4.4).

NOTE: Use a separate form for each sport/activity, boys'/girls' programs.

PROGRAM(S): Sport/Activity: _____ Boys _____ Girls _____

Date Schools were notified of Cancellation _____

***Attached email sent to schools of notification.*

List schools notified:

Reason:

The scheduled opponent(s) consented to cancel: Yes _____ No _____

List any school that refused consent and the reason why:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____