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

VAR _____
JV _____
FR/SO _____
Conference/Division_____
Region/Section _____

REQUEST TO CANCEL SCHEDULED CONTEST

PURPOSE OF FORM: This form is used to obtain cancellation consent from a school with which a contest has been scheduled that could have a bearing on a regional or state play-off.
(See Article 11, Section 4, Paragraph 1).

DIRECTIONS ON USE OF FORM: This from must be submitted to the AIA Executive Board for approval.

Note: Use a separate form for each contest being cancelled.

TO: _____ High School
(Scheduled Opponent)

ATTN: _____
(Responsible School Official)

_____ HIGH SCHOOL must cancel the contest(s) listed below
(School Canceling)
for the reason stated and is requesting your concurrence with this cancellation. Please sign where appropriate and return the completed form to:

_____ ATTN:_____
(School Canceling) ***(Name)***

Name of Sport/Activity		Date of Contest	**Reason for Cancellation**
_____	☐ Boys ☐ Girls	_____	
		_____	
_____	☐ Boys ☐ Girls	_____	
		_____	

I HEREBY CONSENT to the cancellation of the contest(s) listed above.

_____ _____ _____
(Name of School) (Signature of Responsible School Official) (Date)

I DO NOT CONSENT to the cancellation of the contest(s) listed above for the following reasons:

Please be specific _____

_____

_____ _____ _____
(Name of School) (Signature of Responsible School Official) (Date)

Form 11.4-B
7/2023