



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.  
 7007 N 18<sup>th</sup> Street, Phoenix, Arizona 85020-5552  
 Phone: (602) 385-3810 Fax: (602) 385-3779

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:

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