



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 form 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)*

<u>Name of Sport/Activity</u>			<u>Date of Contest</u>	<u>Reason for Cancellation</u>
_____	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)