## Additional Requirements Request Form

This form is to request or inform a competition/festival of additional requirements of an individual or group of individuals involved in the event.

## Event details

|  |  |  |
| --- | --- | --- |
| **Event title:** | [Insert event] | |
| **Date of event:** | [Insert date of event] | |
| **Event organiser:** | Alex Shaw | [eastmidsgfa@gmail.com](mailto:eastmidsgfa@gmail.com) |

## Club/Team details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of team:** | [Insert name] | | |
| **Club:** | [Insert name] | **Coach in charge:** | [Insert contact name] |
| **Contact email and number:** | [Insert email address] [Insert contact number] | | |
| **Team name:** | [Insert team name if different to club name] | | |

## Details

|  |  |
| --- | --- |
| **Who requires additional requirements?** | [Insert name(s) of gymnast, team, club here] |
| **Gymnast(s) BG membership number:** | [Insert membership number] |
| **Additional requirements details:**  This may be a medical, disability, religious, personal etc. related.  Note: We shall try to accommodate all requests appropriately. Each request will be considered on an individual basis. | [Insert details of additional requirements e.g. Has severe epilepsy, no flashing lights please.] |

## Submission confirmation

|  |  |  |  |
| --- | --- | --- | --- |
| **Change requested by:** | [Insert your name here] | **Transfer request date:** | [Insert date] |

Please ensure your request is submitted to the event organiser via email ASAP

Thank you and we look forward to seeing you at the event.