## 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 name] |
| **Date of event:** | [Insert date] |
| **Event organiser:** | Jack Duggan | jack.duggan@british-gymnastics.org  |

## 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

jack.duggan@british-gymnastics.org

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

## Outcome

**For BG office use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved by Competition Coordinator:** | Choose an item. | **Date of approval:** | Date |
| **Request(s) approved:** | [Insert approved requests] |
| **Request(s) denied:** | [Insert denied requests] |
| **Reason:** | [Insert brief reason for approval/non-approval] |