



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
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VAR	_____	Conf/Div	_____
JV	_____	Reg./Sec.	_____
FR	_____		

REQUEST TO CANCEL CONTEST OR PROGRAM

School: _____
 Reported by: _____
 Position: _____
 Signature: _____

Date Submitted: _____
 Phone: _____

PURPOSE OF FORM: This form is used to request AIA Executive Board approval to cancel a contest or program which could have a bearing on a regional or state play-off. (See Article 11, Section 11.4, Paragraph 11.4.3).

DIRECTIONS ON USE OF FORM: Attach Form(s) 11.4-B to this request (See Article 11, Section 11.4, Subparagraph 11.4.3.1.1).

NOTE: Use a separate form for each sport/activity.

REQUEST TO CANCEL: _____ Individual Contest(s) _____ Entire Program(s)

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CONTEST(S): Sport/Activity: _____ () Boys () Girls

Date of Contest _____ Scheduled Opponent _____ Date of Cancellation _____

Reason _____

Date of Contest _____ Scheduled Opponent _____ Date of Cancellation _____

Reason _____

The scheduled opponent(s) consented to cancel: () Yes () No

Copies of Form 11.4-B are attached: () Yes () No

List any school that refused consent and the reason why:

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PROGRAM(S): Sport/Activity: _____ () Boys () Girls

Date of Cancellation _____

Reason _____

The scheduled opponent(s) consented to cancel: () Yes () No

Copies of Form 11.4-B are attached: () Yes () No

List any school that refused consent and the reason why:

