



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.
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 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:

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