



ARIZONA INTERSCHOLASTIC ASSOCIATION, INC.  
 7007 North 18<sup>th</sup> Street, Phoenix, Arizona 85020-5552  
 Phone: (602) 385-3810 Fax: (602) 385-3779

VAR \_\_\_\_\_  
 JV \_\_\_\_\_  
 FR \_\_\_\_\_  
 Conference/Division \_\_\_\_\_  
 Region/Section \_\_\_\_\_

**NOTICE OF AND CONSENT TO  
 CANCELLATION OF 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 11.4, Paragraph 11.4.3.)

**DIRECTIONS ON USE OF FORM:** This form is an attachment to Form 11.4-A (Request to Cancel Contest or Program) which must be submitted to the AIA Executive Board for approval.

TO: \_\_\_\_\_ High School  
 (Scheduled Opponent)

ATTN: \_\_\_\_\_  
 (Responsible School Official)

\_\_\_\_\_ HIGH SCHOOL must cancel the contest(s)

**(School Canceling)**

listed below 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 reason:  
 (Please be specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Name of School) \_\_\_\_\_ (Signature of Responsible School Official) \_\_\_\_\_ (Date)