



Member Name: \_\_\_\_\_

S3DA Number: \_\_\_\_\_

## Request for Tournament Waiver

Please check the tournament you wish to receive a waiver for:

Regional:

State:

Please check the reason you need this waiver:

Educational:

Religious:

Medical:

Partner Org Event:

Please describe the circumstances that require your requesting this waiver:

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National Competition Committee:

Approved:

Denied:

Comments: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_