Request for Assistance in Competition



Carers on the Field of Play

| Athlete's Name: | | |
|---|---|----|
| Bib Number: | | |
| Event/s: | | |
| Class: | | |
| Assistant's Name: | | |
| | | |
| The athlete named above requ | res assistance from a Carer at their event. | |
| If the assistance requested is c submitted to the Technical Del | utside of the assistance to athletes permitted under WPA Rule 7 this form is to gate for prior consideration. | be |
| Reason for request for as | sistance in competition | |
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| | | |
| | | |
| TD Signature: | | |
| Date: | Time: | |

This form must be picked up from the TIC, signed by the Technical Delegate prior to competition and presented when the athlete arrives at the Call Room.