



WITHDRAWAL/REPLACEMENT FORM

Registered Participants

Revised January 9, 2023

Completed

This form is to be used by Zone Directors or Zone Registrars to withdraw participants from competition and submit replacement participants (if applicable) after Registrars have signed off on registrations. It is the responsibility of Zone Directors or Zone Registrars to ensure partners and teams are aware of any changes affecting them. If the withdrawal of a participant results in a need to change events; complete and submit the *Realignment of Teams/Events* form in addition to this form.

WITHDRAWN PARTICIPANT INFORMATION (please print legibly):

WITHDRAW ONLY

Accreditation #	First name:	Last name:
Zone:	Type of change: Participant to Member	Sport / Event / Age Group
Any other pertinent info:		
Reason for withdraw:		

Team/Partner field information: Enter this information from the participant's database record.

For teams of 2-5 participants, provide name(s) of other participants the withdrawn participant was registered to play with.	Participant Accreditation #	For teams of more than 5 participants provide team name

Submitted by: _____ Signature: _____ Date: _____
Zone Director or Zone Registrar printed name and signature only

REPLACEMENT PARTICIPANT (IF APPLICABLE) (please print legibly):

Is the replacement participant already a registered BCSGS member? (Circle answer) YES NO

If NO, participant MUST complete and submit a registration form, membership/waiver form and fees.

Participant Accreditation #	First name:	Last name:
Is this a cross-zone replacement? YES NO	Home Zone	Cross Zone
Sport / Event / Age Group		DOB yyyy/mm/day
Any other pertinent info:		

Submitted by: _____ Signature: _____ Date: _____
Zone Director or Zone Registrar printed name and signature only

Submit completed forms to registrar@55plusbcgames.org by noon on **August 18, 2023**

After **August 28, 2023**, bring this form and accompanying forms to the Corrections table at Accreditation for approval

Approved by: _____ Signature: _____ Date: _____
Rules Committee Chair or member name and signature only (if completed at Accreditation)