



ABSENT REQUEST FORM

*To be submitted at least 2 weeks prior to absence.		
ATHLETE NAME _____	TEAM NAME _____	
PARENT CONTACT PHONE NUMBER _____	PARENT CONTACT EMAIL _____	
Type of Absence Requested: (circle one)		
EXCUSED		UNEXCUSED
DATES OF REQUESTED ABSENCE(S) _____		
<u>REASON FOR ABSENCE</u>		

Please Select the Appropriate Responses Below:		
Is the absence the week of an event?	YES	NO
Are you expecting to compete?	YES	NO
Do you expect to be charged the \$250 "Missed Competition" Fee	YES	NO
BELOW SECTION TO BE COMPLETED BY DIRECTOR ONLY		
DATE RECEIVED	_____	
YOUR ABSENCE REQUEST HAS BEEN:		
APPROVED / DENIED		EXCUSED / UNEXCUSED
<u>ADDITIONAL COMMENTS</u>		

As a result of the above absence, will the athlete be eligible to compete at the next event?		
YES		NO
Will the athlete be charged the \$300 "Missed Competition Fee"?		
YES		NO
OWNER SIGNATURE	_____	DATE: _____
PROCESSING ADMIN SIGNATURE	_____	DATE: _____