



ABSENT REQUEST FORM

***To be submitted at least 2 weeks prior to absence.**

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ATHLETE NAME _____	TEAM NAME _____	
PARENT CONTACT PHONE NUMBER _____	PARENT CONTACT EMAIL _____	
Type of Absence Requested: (circle one)		
EXCUSED		UNEXCUSED
DATES OF REQUESTED ABSENCE(S) _____		
REASON FOR ABSENCE _____ _____ _____		
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 \$500 "Missed Competition" Fee	YES	NO
BELOW SECTION TO BE COMPLETED BY DIRECTOR ONLY		
DATE RECEIVED _____		
YOUR ABSENCE REQUEST HAS BEEN:		
APPROVED / DENIED	EXCUSED / UNEXCUSED	
ADDITIONAL COMMENTS _____ _____		
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 \$500 "Missed Competition Fee"?		
YES		NO
OWNER SIGNATURE _____		DATE: _____
PROCESSING ADMIN SIGNATURE _____		DATE: _____