Rebels Elite SF

Absence Request Form

Absence Information

Athlete Name: _____

Athlete Team: _____ Coach: _____

Director: _____

Type of Absence Requested:

- ☐ Sick - Contagious
- ☐ Death in Family
- ☐ Summer Vacation
- ☐ School Project - GRADE

Dates of Absence: From: _____ To: _____

Reason for Absence:

You must submit requests for absences, two days prior to the first day you will be absent.

_____

Owner Signature *Date*

Director Approval

- ☐ Approved
- ☐ Rejected

Comments:

_____

Director Signature *Date*