

Athletic/Activities Department Leave Request

Directions: Please complete this form when leave is requested during the school day.

Note: All required information/documentation concerning a clinic must be included before request will be forwarded for review.

Name of Coach/Sponsor: _____

Date Submitted: _____

Athletic Event/Clinic: _____

Date(s): _____

Location: _____

Will a substitute be required? Yes No Hours: _____

Registration and back-up Material/Information Attached: Yes No Please explain: _____

Comments or Additional Information

Coach's/Sponsor's Signature _____

Athletic/Activity Director's Signature: _____

Assistant Principal _____