

RBHS Athletic Event Alternate Transportation Request for unusual circumstances

Today's date: _____

Athlete name: _____

Parent name: _____

Parent phone number (day/evening): _____

Team: _____

Event date: _____

Event location: _____

Requesting alternate transportation: *to* *from* event. *(circle one)*

Reason for request: _____

With whom will the athlete be riding? *Parent* *Other Adult* *(circle one)*

Signatures:

Athlete: _____

Parent: _____

*Other Adult providing transportation _____

Phone number (day/evening): _____

Approval:

Coach: *(must sign before submitting to AD)* _____

Athletic Director: _____

Approval date: _____

This form must be completed at least **ONE DAY PRIOR** to the athletic event.

Final approval is the decision of the Athletic Director only.