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: ____________________________

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.