Athletic Event Alternate Transportation Request

Today’s Date _______________________________________
Athlete Name _______________________________________
Parent Name _______________________________________
Parent Phone # (day/evening) __________________________
Team _______________________________________________
Event Date _________________________________________
Event Location ______________________________________

Requesting alternate transportation (Circle one)  to  from  event  or  both ways
Reason for request: __________________________________

With whom will the athlete be riding? (Circle one)  Parent  Other Adult*
*If another adult is providing the transportation, they must (1) sign this form, and (2) provide signed PUSD Form T-30 insurance requirements.

Signature:
Athlete: ___________________________________________
Parent: ___________________________________________
*Other Adult providing transportation _______________________
Phone number: ______________________________________

Approval:
Coach: ___________________________________________
Athletic Director: ___________________________________
Approval Date: _____________________________________

THIS FORM MUST BE COMPLETED AT LEAST ONE DAY PRIOR TO EVENT