ATHLETE ABSENCE REQUEST FORM

 $\stackrel{\wedge}{\Rightarrow}$

☆☆

 $\stackrel{\wedge}{\Longrightarrow}$

☆

 $\stackrel{\wedge}{\Rightarrow}$

 $\frac{1}{2}$

 $\stackrel{\wedge}{\Rightarrow}$

 $\stackrel{\wedge}{\Rightarrow}$

 $\stackrel{\wedge}{\Rightarrow}$

☆

 $\frac{1}{2}$

 $\stackrel{\wedge}{\Rightarrow}$

 $\stackrel{\wedge}{\square}$

 $\stackrel{\wedge}{\Rightarrow}$

 ☆

☆

☆

☆

☆

 $\stackrel{\wedge}{\Rightarrow}$

☆

☆

☆

☆

 $\stackrel{\wedge}{\Rightarrow}$

 $\stackrel{\wedge}{\Rightarrow}$

☆

☆

 $\wedge \wedge \wedge \wedge \wedge \wedge$

☆

☆☆

☆ ☆

☆

☆

☆

 $\stackrel{\wedge}{\Rightarrow}$

☆

Shining Stars Athletes must have official approval from Cequisha to miss any team practice.

Please fill out and submit the form at least 2 weeks prior to the absence date.

Summer Absence Requests: (May-August) due at registration

Fall/Winter Absence Requests: (September-January) due by September 15th

All Other Requests: (February-April) due by January 1st

If your request is denied, the athlete must be at practice/scheduled event. Failure to do so will result in the removal of the athlete from the program.

am Name:
hlete Name:
rent Name:
rent Email Address:
rent Cell Phone #:
ate(s) Requesting: