



Vacation Form

Athlete: _____ Primary Coach: _____

Date Leaving: ___/___/____ Date Returning: ___/___/____

Reason for Request off:

Number of Practices Missed: _____ Date Submitted: ___/___/____

All requests off MUST be in a minimum of 2 weeks out. All requests are subject to the missed practice policy and will be reviewed on their own merit. If there is a competition scheduled OR practices missed during the week prior to a scheduled competition, it is IMMEDIATELY unexcused.

Signature: _____

Admin Use Only

Coach: _____ Date Received: ___/___/____

Decision:

Communication: Email ___ Phone ___ In Person ___

Admin: _____