

## 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, with all signatures, and turned into the athletic office at  
least **ONE DAY PRIOR** to the athletic event.

This form will not be accepted via email. The athletic office is open 7:15am – 3:00pm

**Final approval is the decision of the Athletic Director only.**