

Mt Carmel

ATHLETIC



DEPARTMENT

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