

Absence Request Form
LAS VEGAS ALL STARS

TODAY'S DATE:

Athlete Name: _____

Athlete Team: _____

Type of Absence Requested:

- | | |
|--|--|
| <input type="checkbox"/> Sick – Contagious | <input type="checkbox"/> Summer Vacation |
| <input type="checkbox"/> Family Emergency | <input type="checkbox"/> School GRADED Event |

Date of Absence: From: _____ To: _____

Reason for Absence:

Please submit requests for absences, 48 hours before absence.

COACH APPROVAL

APPROVED

DECLINED

COMMENTS