

**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**