



Cali Coast Elite Absence Request Form

Absence Information

Athlete Name: _____

Athlete Team: _____ Coach _____

Type of Absence Requested:

Sick - Contagious

Vacation

Death in Family

School Related

Dates of Absence: From: _____ To _____

Reason for Absence:

Owner Signature _____ Date: _____

Approved

Rejected

Comments: