



Department of Athletics

## Athletic Contest Parental Transportation Request

Sport: \_\_\_\_\_ Head Coach: \_\_\_\_\_

I \_\_\_\_\_ parent/guardian of  
Please Print  
\_\_\_\_\_ request permission to pick up my  
Please Print

son/daughter from their contest on \_\_\_\_\_ @ \_\_\_\_\_  
Date Site  
because \_\_\_\_\_

and understand that he/she will not be taking the bus back to the school.

*\*\*\*I understand that I may only transport my child to and from away contests\*\*\**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please email completed Athletic Contest Transportation Request form to:

[AthleticDept@sayvilleschools.org](mailto:AthleticDept@sayvilleschools.org)

\*\*\*\*\*

(Office Use Only)

Approved: Yes  No  Date: \_\_\_\_\_

Athletic Director Signature \_\_\_\_\_

Comments: \_\_\_\_\_

CC: coach

20 Brook Street, West Sayville, NY 11796 (631) 244-6625