



Absence Form

Please complete and submit to the front desk one week before the date(s) of the absence or the day the athlete returns from illness.

Date Submitted: _____

Name of Cheerleader: _____

Telephone Number: _____

E-Mail Address: _____

Practice(s) to Be Missed or Missed: _____

Detailed Reason for Absence

Parent/Guardian Signature: _____

Excused: _____

Unexcused: _____

Date: _____