



*To be submitted at Least
2 weeks prior to absence

Absence Request Form Date Submitted: _____

Athletes Name: _____

Team Name: _____ Team Coaches: _____

Return Email Address: _____

Date of Absence: _____

Practices Missed: _____

Reason for Absence: _____

Please circle the appropriate responses below:

Is this absence the week of an event? Yes / No Are you expecting to compete? Yes / No

If practice is missed the week of an event, will you attend the event? Yes / No

Contact Information for Absence Verification:

Name: _____ Phone / Email: _____

For Directors' Use Only Date Reviewed: _____

Please check the appropriate boxes for the absence listed below:

Absence Date: _____ Excused Unexcused

Comments: _____

As a result of the above absence(s), will the athlete be eligible to compete at the next event?

Eligible to compete INELIGIBLE to Compete

Comments: _____

ACE Staff