

# Penn Cambria School District Extracurricular Event Form

## Parent/Guardian Authorization for Alternate Transportation from Athletic or Extracurricular Event

Name of Student \_\_\_\_\_ Event \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

We (I) the undersigned request permission to transport my daughter/son from the \_\_\_\_\_  
\_\_\_\_\_ Game/Event between Penn Cambria and \_\_\_\_\_  
on the date of \_\_\_\_\_. We (I) will not transport any other members of the team from  
the event.

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Print/Type Name (Parent or Guardian)

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Signature (Parent or Guardian)

Date

**\*THIS FORM MUST BE RETURNED TO THE COACH/ADVISOR  
24HRS. BEFORE THE SCHEDULED EVENT. \***

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Principal's Signature

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Athletic Director's Signature (Athletic Event)