Penn Cambria School District Extra Curricular Event Form

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

Student Name _____ **Sport/Event** _____

Home Address _____ **Phone** _____

_____

We (I) the undersigned request permission to transport my daughter/son from their Game/Event on the date(s) below.

☐ **All Away Games** **Specific Games & Date** *Ex: vs. Central Cambria on 10/10/25*

_____

_____

_____

_____

_____

_____

_____

****We (I) will not transport any other members of the team from the event.**

_____ _____ _____

Parent/Guardian Name **Parent/Guardian Signature** **Date**

THIS FORM MUST BE RETURNED TO THE HIGH SCHOOL OFFICE <u>24 HOURS</u> BEFORE THE SCHEDULED EVENT

_____ _____

Principal's Signature **Athletic Director's Signature**