

EMPIRE ATHLETICS ABSENCE NOTIFICATION FORM

| ATHLETE NAME: | Team (s) | |
|--|---|--|
| TOTAL # OF PRACTICES MISSED: | Leave Date: | Return Date: |
| Date Turned into Empire Athletics | | |
| DATE(S) OF MISSED PRACTICE(S) | : | |
| | Reason for Request | |
| | | |
| The gym is closed Segment of Segm | s) of a competition date. Keep in Mind th | Practice) Year's oring Break is TBD* hibited on a competition or choreography |
| placement in the routine regardless of reas HEAD COACH RECEIVED: | | |
| OFFICE DECEIVED. | DATE. | |