

BANDERA ATHLETICS ALTERNATIVE TRAVEL AUTHORIZATION

I request that my child, (child's name) _____
be allowed to travel with (adult's name) _____
on (date) ____/____/____. The extra-curricular activity that my child will be
leaving is _____.

Signature of parent or legal guardian

____/____/____
Date

FOR OFFICE USE ONLY

Sponsor,

I have granted permission for the alternative travel requested above. You are authorized to release students to the person whose name appears on line two of this form.

**DO NOT RELEASE THE STUDENT TO ANYONE OTHER THAN THE
PARENT OR THE PERSON WHOSE NAME APPEARS ON LINE TWO.**

Signature of Principal

____/____/____
Date

Please fax to Coach Hamilton or Coach Ashcraft at 830-796-6251.