



DUE BY JUNE 10TH

SUMMER VACATION REQUEST FORM

One form per athlete and one form per sequence of missed practices

Athletes Name: _____ Team: _____

Phone #: _____ Email: _____

Vacation Start Date: _____ Vacation End Date: _____

Total # of days missed: _____

TURN THIS FORM INTO THE OFFICE FOR CONSIDERATION.

Turning in a vacation request form doesn't mean it will be approved. You will receive an email for approval/denial after the form is turned in.

Please note: All practices after September 1st are MANDATORY. If missed, a missed practice fee will be billed per our PCM handbook. Choreography dates, technique days, and competitions are also mandatory and if missed will also result in a missed practice fee.

Date Approved/Denied: _____

Management Signature: _____



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