



AFTER ATHLETIC EVENT STUDENT PICK-UP FORM

Attention: Coach _____

Time of pick-up: _____



I _____
(first & last name)

parent/guardian of _____ of School _____
(first & last name) (AUC or AMC)

will be picking up my child/children after the athletic event described below.

Sport: _____ Date: _____ Time: _____

Facility: _____ Opponent: _____



Signature of parent/guardian: _____ Date: _____