



**BELLMORE-MERRICK
CENTRAL HIGH SCHOOL DISTRICT
ATHLETICS OFFICE**
Phone: 992-1049 FAX: 393-0403

Eric Caballero
Director

Travel Form (Please Print)

Athletes Name _____

Date _____

Parents Name _____

Driving Parents Name _____

Sport _____

School _____

Event _____

Date of event _____

Place _____

I _____ give my son/daughter permission to travel with _____ on
 _____, _____. I understand the responsibility of getting my athlete
(month) (date) (year)

to and from the event will fall upon this parent.

Parent's signature _____

Driving Parents signature _____

Athletic Coordinator's signature _____

Principal signature _____