# Athletic Travel Information

**Athletes Name**_____ **Sport:** _____

This is to inform you that the above named athlete is a member of one of our athletic teams. In order to participate, he/she would be absent from your class (s) because of a road trip. If missing this/these class(s) is going to be a hardship, please contact our Director of Athletics-Chris Shoults at 403-254-3728 or by email at chris.shoults@stmu.ca

| **Travel Dates and Estimated Time of Departure** | |
|---|---|
| Date | Est |
| Date | Est |
| Date | Est |
| Date | Est |
| Date | Est |
| Date | Est |
| Date | Est |
| Date | Est |

## Instructors/Faculty Members

**Please initial or sign below to acknowledge that he/she has informed you of their participation requirements.**

***The student athlete will remind you of their scheduled absence prior to their travel date!***

| **Signature of Instructor/Faculty Member** | |
|---|---|
| Signature: | Class: |
| Signature: | Class: |
| Signature: | Class: |
| Signature: | Class: |
| Signature: | Class: |
| Signature: | Class: |