

**Berwick Area School District**  
**Transportation Request Form**

Form must be delivered to Athletic Director no later than homeroom the morning of the event. In the event the game is on Saturday, form must be delivered by Friday.

I request that \_\_\_\_\_ be released to my custody at the conclusion of the event against \_\_\_\_\_, on the date of \_\_\_\_\_ for the return trip home. I accept all responsibility and relieve the Berwick Area School District from all responsibilities relative to my child's transportation back to the school from today's contest.

**Date of Contest:** \_\_\_\_\_ **Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal or Athletic Director Signature** \_\_\_\_\_

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