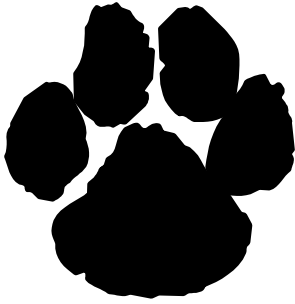
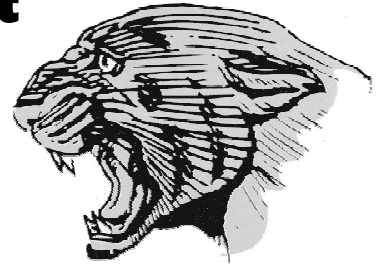


O'Fallon Twp. High School Athletic Department



c/o O'Fallon Township High School
600 S. Smiley St.
O'Fallon, IL 62269
618-632-3507
Fax: 618-632-1625



TRANSPORTATION RELEASE FORM

This form must be signed PRIOR to the event in which the student will be riding home with a designated adult. It must be turned into the coach.

Students may ride home from an event with their
PARENT OR A DESIGNATED ADULT ONLY.

The signature on this form verifies that you are taking responsibility for the student's safe return home.

Athletic Event

Date

Adult Driving

PRINT STUDENT NAME(S) BELOW	PARENT SIGNATURE(S) BELOW
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

TURN IN COMPLETED FORM TO YOUR COACH