

San Elizario Independent School District



PERMISSION TO EAT AFTER COMPETITION

Campus: _____

Date of Request: _____

Team: _____

Varsity JV 9th 8th 7th

(Circle One)

Date of Competition: _____

Site of competition: _____

Of Students: _____ (please list all athletes below or attach a roster)

Restaurant Name: _____

Address: _____

Coach's Signature: _____

Date: _____

Must be approved prior to event.

Athletic Director Approval: _____

Date: _____

Team Roster:

- | | |
|-----------|-----------|
| 1. _____ | 16. _____ |
| 2. _____ | 17. _____ |
| 3. _____ | 18. _____ |
| 4. _____ | 19. _____ |
| 5. _____ | 20. _____ |
| 6. _____ | 21. _____ |
| 7. _____ | 22. _____ |
| 8. _____ | 23. _____ |
| 9. _____ | 24. _____ |
| 10. _____ | 25. _____ |
| 11. _____ | 26. _____ |
| 12. _____ | 27. _____ |
| 13. _____ | 28. _____ |
| 14. _____ | 29. _____ |
| 15. _____ | 30. _____ |

Attach restaurant receipt when turning in to athletic office.