



GMY SWIM TEAM BUS FORM

Complete this form only if your swimmer is not taking the teamprovided bus to and/or back from an away dual meet. Please provide completed form to Team Coach, or leave in Swim Team Office, by Friday before the meet.

| Swimmer's Name | | | |
|------------------------------|------------------|------------------------------------|-----|
| Circle Team: | Boys | Girls | |
| Date of Meet: | <u>//</u> | GMY vs | |
| Check only what ap | oplies: | | |
| Swimmer will N | IOT take bus T | O meet. He/she will be transported | by: |
| | Name | Cell Phone Number | |
| | | ROM meet. He/she will be transport | ed |
| by: | Name | Cell Phone Number | |
| Parent or Guardian Signature | | Date | |
| Signature of Driver | · (if different) | Date | |