MIAA 33 Forge Parkway FRANKLIN, MA 02038



TEL: (508) 541-7997 E-Mail: miaa@miaa.net FAX: (508) 541-9888

APPLICATION FOR WAIVER OF BONA FIDE TEAM RULE 45 (and 96)

(To be completed and submitted at least thirty (30) days prior to the event.)

	SECTION I			
1.	Name of Student:			
2.	Grade:			
3.	Name of School:			
4.	School Telephone:			
5.	City/Town:			
6.	Zip:			
7.	Date Submitted:			
	000000000000000000000000000000000000000			
	SECTION II			
1.	Attach to this form a copy of the invitation received by the student.			
2.	How many days of school will the student miss?			
3.	How many practices/games will the student miss? Games Practices			
4.	In what sport will the student be participating?			
5.	What sport will the student be missing by attending that event?			
6.	Date of the event.			
	SECTION III			
	plain your request. By responding to the following points, please give an explanation of your support for the liver.			
1.	The name of the event that the student will be attending.			
2.	Location of the event ~ over ~			
	~ over ~			

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	In what way is this event a significant experience?
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,	Why is this request supported by the school?
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	Endorsement in support of the waiver. Your signature indicates your support of this waiver reques
	Principal:
	Athletic Director:
	Coach:
	Parent:

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