

Jackson High School Band

Pep Band Sub Request

(Sub requests must be submitted to a director at least 48 hours in advance)

_____ will be subbing for _____
First & Last Name First & Last Name

on _____, 20____.
Month Day Year

I understand that if I do not fulfill the commitment to sub, I will receive an unexcused absence.
_____ (initials of sub)

I understand that I am still required to perform at 4 games to receive full credit for my Pep Band commitment. _____ (initials of student requesting sub)

Director Approval (initial) : _____ Approved _____ Denied

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