



NOTRE DAME – BISHOP GIBBONS SCHOOL

2600 Albany Street • Schenectady, NY 12304-1899 • (518) 393-3131 • Fax (518) 370-3817

Dear Mr. Moran:

This letter is to confirm that I, _____, voluntarily remove myself from the _____ team as of the following date: _____.

I am removing myself for the following reasons:

I verify that I have fully discussed, with my parents/guardians, my desire to leave my team and they understand my decision.

I understand that any and all equipment, uniforms, etc., assigned to me as a member of this team, are to be returned to my coach in good condition.

Sincerely,

Signature

Date

Name (Print)

Head Coach's Signature

Date

Athletic Director