



Santa Clara Valley Athletic League  
Hardship Request

Athlete's name \_\_\_\_\_

School \_\_\_\_\_

Event & athlete's best mark \_\_\_\_\_

Date & meet of the best mark \_\_\_\_\_

CCS At-large Entry Standard \_\_\_\_\_

Event & athlete's best mark \_\_\_\_\_

Date & meet of the best mark \_\_\_\_\_

CCS At-large Entry Standard \_\_\_\_\_

Event & athlete's best mark \_\_\_\_\_

Date & meet of the best mark \_\_\_\_\_

CCS At-large Entry Standard \_\_\_\_\_

Head Coach \_\_\_\_\_

Head Coach cell number and email  
\_\_\_\_\_

Reason for hardship (remember sports related injury does not qualify)-  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's name  
\_\_\_\_\_

Dr. phone number- attach note  
\_\_\_\_\_

Extenuating Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_