

Pro King Sports Academy (PKSA) – Leave Application Form



Student Name:	
Branch:	
Coach Name:	
Membership No.:	
Date of Application:	
Total No. of Days:	

Reason for Leave:

Leave From (Date): _____ To (Date): _____

Signature of Student/Parent: _____

(For Coach Use Only)

☐ Approved ☐ Not Approved

Remarks (if any): _____

Signature of Head Coach: _____ Date: _____