



## B.S.M. Shuttle Bus for Clubs

(ADDITIONAL AFTERNOON SHUTTLE BUS WITH ASSISTANT) *fixed route*

Please send the form by e-mail at the beginning of each term to: [info@bsm.school](mailto:info@bsm.school)

NAME - SURNAME OF THE CHILD/CHILDREN	Year	Group	Age

**PRICES - VAT INCLUDED**

<b>FREE</b>	<i>per child per journey - for families subscribed to schoolbus service - return journey</i>
<b>€ 10,00</b>	<i>per child per journey - for families subscribed to our schoolbus service - only sigle or return</i>
<b>€ 13,00</b>	<i>per child per journey - for families NOT subscribed to our schoolbus service</i>

HOME ADDRESS	CAP	CITY

MAIN PHONE	ADDITIONAL PHONE	E-MAIL

CLUB ACTIVITY CHOSEN - FIRST TERM	DAY OF WEEK SHUTTLE REQUIRED
CLUB ACTIVITY CHOSEN - SECOND TERM	DAY OF WEEK SHUTTLE REQUIRED
CLUB ACTIVITY CHOSEN - THIRD TERM	DAY OF WEEK SHUTTLE REQUIRED

**BUS STOP CHOSEN**

<b>BUS STOP NUMBER:</b>	
<b>BUS STOP NAME:</b>	

**AUTHORIZATION FOR THE COLLECTION OF A CHILD/CHILDREN AT THE BUS STOP,  
DELEGATES' NAME - SURNAME**

<b>NAME, SURNAME</b>	
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**DATE,** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_