

LONG HAUL

Student Activity Bus Request Form

School: _____ Date: ____/____/____ S/A # _____
(Office Use only)

Destination: _____ T/A # _____
(Required before scheduled)

Activity: _____

Bus Contractor: _____ Drivers Room reserved Yes ___ No ___

Date of Trip: _____ Departure Pickup Time: _____

Date of Return: _____ Return Pickup Time: _____

Number of Passengers: _____ Number of Buses: _____
Request Made By: _____ Estimated Charge: _____

Account Number: _____
(Required before scheduled)

Signature Principal *(Required)*

Brief Itinerary - To be filled out by school or Activity Director **Use additional sheets if needed**

Day 1: _____
Day 2: _____
Day 3: _____
Day 4: _____

(Required before scheduled)

POC for the trip

Name _____ Phone number _____

POC for the School

Name _____ Phone number _____