



BUS PERMIT REQUEST

Date of Request: _____

Sport: _____

Date of Trip: _____

Trip Type: Athletics

Driver: (circle one) Coach Durham

Departing From: _____

Drop off/Pick up: YES or NO

Departure Date: _____

Time: _____

Return Date: _____

Time: _____

DESTINATION: _____ Address: (if not a school) _____

Arrival Date: _____

Time: _____

Departure Date: _____

Time: _____

Number of: Adults _____ Students _____ Vehicles _____

Contact Name: (Coach) _____ Phone No: _____

Driver Name: _____

(for office use) Submitted by: _____ Date: _____