ATHLETIC BUS REQUEST FORM

Date	Departure Time	Game Time	Destination	Driver/Phone #	Bus #	# of Students

* Please submit <u>ALL</u> Athletic Trips for a season on one form.
Trips scheduled to depart before 3 p.m. must have board approval.

Coach _____ Phone _____

Pick up location for trip _____

School Athletic Director/Principal Approval _____ Date _____

Transportation Director Approval _____ Date _____