

ACTIVITY VEHICLE REQUEST

DATE OF TRIP _____

ACTIVITY _____

DESTINATION _____

VEHICLE # _____

TOTAL # OF RIDERS _____

DEPARTURE TIME _____

RETURN TIME _____

APPROVED BY PRINCIPAL _____

APPROVED BY SUPERINTENDENT _____

**ALL VEHICLE REQUESTS MUST BE SUBMITTED 10 DAYS
PRIOR TO EACH TRIP. PLEASE TURN IN REQUESTS TO
BUSINESS OFFICE. CONTACT THE BUSINESS OFFICE AS
SOON AS YOU CAN TO CANCEL.**

THANK YOU