

Bus# \_\_\_\_\_

**BROOKLYN ATHLETIC**

Driver \_\_\_\_\_

**Transportation Request Form**

School \_\_\_\_\_

Date of Trip \_\_\_\_\_

Pickup Time \_\_\_\_\_

Sport \_\_\_\_\_

Time Back @School \_\_\_\_\_

Pickup (What door) \_\_\_\_\_

No. Students \_\_\_\_\_

Destination \_\_\_\_\_

No. Adults \_\_\_\_\_

No. Reg. Busses Required \_\_\_\_\_

No. Ortho Busses Required \_\_\_\_\_

Address of Destination \_\_\_\_\_

Teacher/Coach: \_\_\_\_\_

A.D./Principal \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**TRANSPORTATION USE ONLY**

BUS NO \_\_\_\_\_ NO OF STUDENTS \_\_\_\_\_ NO OF ADULTS \_\_\_\_\_

START MILEAGE \_\_\_\_\_ END MILEAGE \_\_\_\_\_

TOTAL MILEAGE (IN TENTHS) \_\_\_\_\_

TIME ARRIVED \_\_\_\_\_ DRIVER SIGNATURE \_\_\_\_\_

TIME RETURNED \_\_\_\_\_ COACH SIGNATURE \_\_\_\_\_

Add 45 minutes for pre/post trip time \$25/hr, \$2.50/mi. weekends \$34/hr.

After completion, Fax to 440-842-7358: Contact transportation at least 24 hrs before trip to confirm at 440-885-8335 .