

EXTRA-CURRICULAR BUS TRIPS

Name of Activity _____

Destination _____

Date of Trip _____

Departure Time _____

Time of Return _____

Driving Time to Function _____ Amount _____

Down Time _____ Amount _____

Driving Home Time _____ Amount _____

Total Time _____ Amount _____

Dock Time High School Route _____

Elementary Route _____

Print Name

Date _____

Driver Signature

Date _____

Transportation Supervisor Signature

Date _____

Superintendent Signature