

REQUEST FOR BUS TRANSPORTATION



E-MAIL REQUEST TO STEVE KINCAID cbpssk@cutbankschools.net

~~no later than 7 days prior to event~~

sample

Cut Bank School District #15
101 3rd Avenue SE
Cut Bank, MT
59427
www.cutbankschools.net

--All Fields enclosed by red are required--

- 1. **ACTIVITY:** Indicate Name-Sport, JV, V, Grade, Class
- 2. **DESTINATION:** (Town and/or Place)
- 3. **DATE OF ACTIVITY:** Leave Date, Return Date if overnight
- 4. **CONTACT PERSON IF QUESTIONS:**
- 5. **STOPS ON THE WAY & LENGTH OF STOP(S):**
- 6. **TIME NEEDING TO BE AT EVENT:**
- 7. **TOTAL # OF STUDENTS & CHAPERONES:**

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8. **PICK UP POINT:**

---Select a Pick-up-Point---

- WOLF
- H.C. DAVIS
- ANNA JEFFRIES
- FRONT OF H.S.
- EAST SIDE
- OTHER: SEE REQUEST/COMMENT SECTION BELOW

9. **Estimated TIME EVENT WILL BE OVER:**

| | | |
|--|----------------------------|----------------------------|
| | <input type="radio"/> A.M. | <input type="radio"/> P.M. |
|--|----------------------------|----------------------------|

10. **REQUESTS / COMMENTS:** Such as special requests, overnight, motel, bus, other pickup locations

E-mail (who to return form to with times)

Phone: (to call with questions)

Cell Phone: (NEEDED FOR EMERGENCIES)

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(After completing form; save as a file, attach the saved file to an e-mail; enter activity in "subject" of e-mail; request read receipt; click send)

OFFICE USE ONLY~~~~STEVE WILL E-MAIL YOU WITH THE INFORMATION BELOW:

| BUS DRIVER | BUS | call time | leave time |
|------------|-----|-----------|------------|
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