



Charter Bus Request Form

Please complete all information.

Submit form via email to Angela Kyles at akyles@durhamschoolservices.com, phone no. 504-944-8211 ext. 74915

| | |
|---|---|
| Today's Date: _____ | Trip Date: _____ |
| Campus: _____ | Address: _____ |
| Contact Name: _____ | Organization: _____ |
| Telephone #: _____ | Email: _____ |
| Fax #: _____ | Alternate #: _____ |
| Loading Time: _____ | Time Event Starts: _____ |
| Approx. Return Time: _____ | Approx. Hours: _____ |
| Destination: _____ | |
| Total number of persons on bus _____ | |
| How many wheel chair persons on bus _____ | |
| Total number of buses needed? _____ | Will the bus need to remain with the group? _____ |

Person Requesting Trip

Date