14-Pax In-House Bus Request Kamehameha Schools Hawai'i

General Information				
Date:	Requestor:		Phone:	
Grade Level/Group/Team:				
Trip Information				
Trip Purpose:				
Destination:				
Number of Buses (check one):	1 2	3 4		
Number of Riders				
Students:	Teachers/Adults:			
Sign-Out				
Date:	Time:			
Departure		Return		
Date:	Time:	Date:	Time:	
	aper if needed or other side			
Driver Information (Use another paper or other side of form, if more than one driver)				
Driver Name:		Contact/Cell Number:		
Signatures				
Requestor's Signature:			Date:	
Administrator's Signature:			Date:	
Transportation Coordinator:			Date:	
Bus Assignment (Office	Use)			
Bus #:	Bus #:	Bus #:	Bus #:	

PLEASE SUBMIT NO LESS THAN 14 WORKING DAYS PRIOR TO EVENT

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Additional Information:			

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