

CVS VEHICLE REQUEST

Date:

Destination:

Class or Team:

Date of Event:

Time Leaving Parking Lot:
(Driver will be in parking lot 10 minutes prior to this time.)

Time Arriving Back at school:
(You will need to verify your departure time with your bus driver.)

Number of Students:

Number of Chaperones:

Equipment:

**If for any reason the trip is cancelled, the coach/advisor is responsible for contacting the
Transportation Dispatcher at ext 601.**

Coach/Advisor Signature:

Principal Signature: