

## Durham School Services Trip Request

Price Quote: \_\_\_\_\_ Booking: \_\_\_\_\_

***If the booking line is not checked, you must call to reserve your bus.***

Today's Date: \_\_\_\_\_ Person Booking: \_\_\_\_\_

Booking Phone: \_\_\_\_\_ Booking Fax: \_\_\_\_\_

Day of Trip: M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sat \_\_\_ Sun \_\_\_ **DATE OF TRIP:** \_\_\_\_\_

Place of Departure: \_\_\_\_\_ **NUMBER OF BUSES:** \_\_\_\_\_

Departure Address: \_\_\_\_\_

Pick up Point: Front \_\_\_ Back \_\_\_ Side \_\_\_ Other \_\_\_\_\_

Loading Time: \_\_\_\_\_ Time of Departure: \_\_\_\_\_

Destination: \_\_\_\_\_ Shuttle: Y \_\_\_ N \_\_\_

Destination Address: \_\_\_\_\_

Drop off Point: Front \_\_\_ Back \_\_\_ Side \_\_\_ Other: \_\_\_\_\_

Destination Departure Time: \_\_\_\_\_ Return to School by Time: \_\_\_\_\_

Pick up Point: Front \_\_\_ Back \_\_\_ Side \_\_\_ Other: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Teacher/Person in Charge: \_\_\_\_\_

Teacher/Person in Charge Phone Number: \_\_\_\_\_

### **Billing Information (if different from booking/departure information):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Durham Contact Information:**

**Email request to:** Joyce Tierney at [jmtierney@durhamschoolservices.com](mailto:jmtierney@durhamschoolservices.com)

**Booking Address:** 497 South Yale Street, York, Pennsylvania, 17403 717-767-1467