

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: Stacey Stough, SLStough@durhamschoolservices.com

Booking Address: 497 South Yale Street, York, Pennsylvania, 17403 717-848-4979