GENEVA CITY SCHOOLS

ATHLETIC SEASON TRANSPORTATION REQUEST

Date of Request: ___/___/___ Team: _____ Coach: _____

Date	Destination	Est. # of Passengers	*Driver	*Bus	Time of Departure	Est. Time of Return

Please submit completed schedule by two weeks before first contest if possible.

Bus must be cleaned on return.

*The transportation department will complete this information. If the team provides its own driver(s), please indicate the name(s) and no cost estimates and charges will be computed or assessed.

Comments: _____

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