

CANAL WALK - TRIPS OFFSITE REQUEST FORM

JITNEY (20-24 passengers)

BUS (35-55 passengers)

NAME: _____ **PHONE:** _____

CLUB/COMMITTEE: _____

DATE of Trip/Event: _____ Day of Week: _____

TITLE of Trip/Event: _____

DESTINATION LOCATION

Location: _____

Address: _____

_____ CITY, STATE ZIP

TIME OF DEPARTURE: _____ **TIME RETURNING:** _____

of ATTENDEES: _____

**Must provide current list 1 week prior to trip/event date*

ADDITIONAL STOPS: Yes No

i.e. lunch/dinner, etc.

WHEELCHAIR ACCESS: Yes No

NOTE: JITNEY 20 passenger & BUS up to 50 passengers only

-----OFFICE USE ONLY-----

Request Date: _____

Available/Confirmed: _____

Driver/Bus Ordered: _____ Confirmation #: _____

Board Approval

Approved _____ Date _____

Rejected _____ Comments: _____

Trip/Event Passenger List

Received _____ Date: _____

Final List _____ Date: _____ **1 week prior to trip/event*