

**PASCO HIGH SCHOOL
ATHLETIC TRANSPORTATION REQUEST FORM**

110.0031.7154.0399.7800.0000
MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO TRIP

Date: _____ Name: _____

Purpose: (check one)

- A01___ Baseball A02___ Boys Basketball A03___ Girls Basketball A04___ Cheerleaders
A05___ Boys X- Country A06___ Girls X- Country A07___ Football A08___ Golf
A09___ Boys Soccer A10___ Girls Soccer A11___ Softball A12___ Swim/Dive
A13___ Tennis A14___ Boys Track A15___ Girls Track A16___ Volleyball
A17___ Boys Weightlifting A18___ Girls Weightlifting A19___ Wrestling

To: _____

In County Code:(check one)

GHS (0331)___ RHS (0931)___

Address: _____

HHS (0521)___ RRMHS(8471)___

JWMHS (0073)___ WCHS (0063)___

LOLHS (0801)___ WRHS (0090)___

Departure Date _____ Time: _____

PHS (0031)___ ZHS (0131)___

Return Date: _____ Return Time: _____

AHS (0113)___ SLHS (0101)___

Estimated Round Trip Miles: _____

FHS (0114) -----

Vehicle Type:(please circle one) Bus Van

Quantity: _____ Number of Passengers: _____ ESE Students: (yes/no) _____

Special Instructions: _____

Person Responsible Name: _____

Additional Board Members: _____

Chaperones: _____