

Executive Charter, Inc.
1810 Monmouth St. Newport KY 41071
859-261-8841
reservations@executivetransportation.org

Account Name: BOONE COUNTY HIGH SCHOOL / YOUTH SERVICE CENTER Acct ID: 2833238

Address: 7056 BURLINGTON PIKE FLORENCE, KY 41042

Client Contact: TODD HUMPHREY Phone#: 8592833238

10/19/2022 7:45:00AM	BOONE COUNTY HIGH SCHOOL / YOUTH SERVICE CENTER	Confirmation# 2779232
MINI BUS 30P	FROM: BOONE COUNTY HIGH SCHOOL: 7056 BURLINGTON PIKE, FLOI	FARE: \$705.00
	TO: CROSSROADS MASON: 990 READING RD, MASON, OH 45040	TIPS: \$50.00
TRIP REMARKS:		
WAIT AND RETURN AROUND 1:30PM		Total Fare \$755.00

Quote Total: \$755.00

DEPOSIT: A \$100 deposit per motorcoach is required to reserve service. To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

CANCELLATION: We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid.

PAYMENTS: We accept credit card, check or EFT. Please make checks payable to: Executive Charter, Inc.

A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts.

PRICE VARIATIONS: The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote.

AMENITIES such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

DAMAGE AND CLEAN UP FEES: If excessive clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

ITINERARY: A specific itinerary is required 2 weeks before the trip, listing all locations and expected times for the driver(s).

NOTES: Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.

Please sign and return with your deposit to ensure your coach reservation.

Signature  Date 9/26/22

FIELD TRIP REQUEST FORM

Name of School: Boone County Schools
Date of Field Trip: 10/19/22 to _____
Days of School Missed: 10/19/22 8:30am to 1:30pm
Location of Field Trip: Crossroads Mason, Ohio
Grade Level and Number of Students Attending: 9th - 11th Grades
Number of Chaperones Attending: 15 Students

What form of transportation will be used? * Be Specific. _____ Executive Charter

Have field trip rules been explained to the students and chaperones?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Are there students being denied the right to attend due to finances?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Does this trip comply with Title IX equity issues?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

Brief Description (Be specific regarding educational purpose):

Students will attend the Anthony Munoz Foundation Youth Leadership Seminar.

This Seminar will help the student develop leadership qualities and explore different leadership style.

Please check the appropriate box:

<input checked="" type="checkbox"/>	To be used for 1 (one) day trips using school bus or private automobile.* NEEDS PRINCIPAL APPROVAL ONLY. PLEASE SEND ALL FORMS TO DISTRICT OFFICE.
<input type="checkbox"/>	To be used for overnight trips, trips of more than one instructional day and Co-curricular/ Extracurricular trips. TO BE APPROVED BY THE ASSISTANT SUPERINTENDENT.
<input checked="" type="checkbox"/>	To be used for trips taken by common carrier. TO BE APPROVED BY THE BOARD OF EDUCATION.

NOTE: FOR BOARD APPROVAL, THIS REQUEST SHOULD BE SUBMITTED TO THE SUPERINTENDENT'S OFFICE BY NOON AT LEAST (11) WORKING DAYS PRIOR TO THE NEXT BOARD MEETING.

Sponsor Signature: _____

Principal Signature: _____

Date Approved: 9/19/22

DISTRICT OFFICE USE ONLY

Approved by: _____

Date: _____

* Drivers of private automobiles need to complete the Auto Insurance Affidavit Form.

Email

Print

Reset

Please print this form and email to <mailto:tammy.jump@boone.kyschools.us>