

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 5/25/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): Day Camp (POPs/BOE sites)

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 5/25/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 5/25/2023 Time of Return: 4:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- | | | | |
|---|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> Other: (Explain In Detail) |
|---|--|----------------------------------|---|

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2 DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 5/26/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State): Day Camp (POPs/BOE sites); Muhlenberg Co Extension/Central City Convention Center

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 5/26/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 5/26/2023 Time of Return: 5:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2 DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/4/2023

Organization: MEP School: District

Number of Passengers: 15

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State): Murray State Camp Drop-off

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/4/2023 Time of Departure: 10:00 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/4/2023 Time of Return: 2:00 PM

Chaperone/s: L Voth Chaperone's Phone: 270-604-5091

Special Requests (Check One)

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____
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Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____
.....

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/10/2023

Organization: MEP School: District

Number of Passengers: 15

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): Murray State Camp Pick-up

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/4/2023 Time of Departure: 10:00 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/4/2023 Time of Return: 4:00 PM

Chaperone/s: L Voth Chaperone's Phone: 270-604-5091

Special Requests (Check One)

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2 DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/14/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): Day Camp (POPs/BOE sites)

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/14/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/14/2023 Time of Return: 4:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- | | | | |
|---|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> Other: (Explain In Detail) |
|---|--|----------------------------------|---|

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2 DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/15/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State): Day Camp (POPs/BOE sites)

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/15/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/15/2023 Time of Return: 4:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) **MEP VANS IN ADDITION TO TWO BUSES**

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/16/2023

Organization: MEP School: District

Number of Passengers: 40

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State); West KY 4-H Camp, Dawson Springs

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/16/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/17/2023 Time of Return: 7:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/20/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): Day Camp (POPs/BOE sites)

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/20/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/20/2023 Time of Return: 4:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) **MEP VANS IN ADDITION TO TWO BUSES**

- | | | | |
|---|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> Other: (Explain In Detail) |
|---|--|----------------------------------|---|

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/21/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State): Day Camp (POPs/BOE sites)

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/21/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/21/2023 Time of Return: 4:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/22/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): Pennyrile Forest State Park

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/22/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/22/2023 Time of Return: 5:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) **MEP VANS IN ADDITION TO TWO BUSES**

- | | | | |
|---|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> Other: (Explain In Detail) |
|---|--|----------------------------------|---|

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____
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Section 2 DISTRICT USE ONLY

Approval of District Representative _____ Date: _____
.....

Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/26/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- | | | |
|---|---|---|
| <input type="checkbox"/> In-County Instructional | <input type="checkbox"/> In-County Athletic | <input type="checkbox"/> Other: (Explain In Detail) |
| <input checked="" type="checkbox"/> Out-of-County Instructional | <input type="checkbox"/> Out-of-County Athletic | |
| <input type="checkbox"/> Out-of-State Instructional | <input type="checkbox"/> Out-Of-State Athletic | |

Destination (Event, City, and State): West KY 4-H Camp

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/26/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/26/2023 Time of Return: 5:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) **MEP VANS IN ADDITION TO TWO BUSES**

- | | | | |
|---|--|----------------------------------|---|
| <input checked="" type="checkbox"/> Van | <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> Monitor | <input type="checkbox"/> Other: (Explain In Detail) |
|---|--|----------------------------------|---|

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2 DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3 DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/28/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State): Day Camp (POPs/BOE sites)

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/28/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/28/2023 Time of Return: 4:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) MEP VANS IN ADDITION TO TWO BUSES

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____

School-Related Student Trip Request Form

Section 1 (To be completed by requesting organization – Incomplete forms will be returned, causing a delay in scheduling transportation for the event)

Date of Request: 5/4/2023 Date of Event: 6/29/2023

Organization: MEP School: District

Number of Passengers: 70

Type of Trip (Check One)

- In-County Instructional In-County Athletic Other: (Explain In Detail)
 Out-of-County Instructional Out-of-County Athletic
 Out-of-State Instructional Out-Of-State Athletic

Destination (Event, City, and State): Day Camp (POPs/BOE sites)

Planned Stops To and From: N/A

Departing Location: Drivers' Homes/Garage Date of Departure: 6/29/2023 Time of Departure: 5:30 AM

Returning Location: Drivers' Homes/Garage Date of Return: 6/29/2023 Time of Return: 4:00 PM

Chaperone/s: L. Voth; P Ramirez Chaperone's Phone: 270-604-5091; 863-624-1235

Special Requests (Check One) **MEP VANS IN ADDITION TO TWO BUSES**

- Van Wheelchair Accessible Monitor Other: (Explain In Detail)

If requesting the Van, has the person driving been certified and approved to drive? Yes No (Check One)

Person Driving Van: Click here to enter text.

Trip Requested By:

Organization Responsible for Payment: MEP

Approval of Site Based Council Representative _____ Date _____

Section 2

DISTRICT USE ONLY

Approval of District Representative _____ Date: _____

Section 3

DRIVER – TURN THIS FORM IN WITH TIMESHEETS

Date/Time of Departure: _____ Odometer Start: _____

Date/Time of Return: _____ Odometer End: _____

I hereby certify that the above information is correct to the best of my knowledge.

Driver Signature _____ Date _____

Driver Comments:

Coach or School Representative Signature _____ Date _____