

On Site Day Camp Transportation Request

Submit 3 weeks before camp

SU #: _____ Location of Day Camp: _____

Dates Service Required: _____

Volunteer to contact about buses:

Name: _____

Address: _____
Street City State Zip

Email: _____

Telephone: () _____ () _____ () _____
Day Evening Cell

Arrival time at first stop*: _____ AM PM	Departure time at first stop: _____ AM PM
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Arrival time at camp for return trip*: _____ AM PM	Departure time from camp: _____ AM PM
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*(Bus company will not arrive early to load buses so please build in at least 15 minutes or more to arrival time to load buses)

Please specify any special instructions regarding loading and unloading at locations for the bus company:

Will there be equipment that does not fit under bus seats? Yes No

If yes, please specify date(s)/stop(s) and what type of equipment that will be stored. Buses with under storage are available at select bus contracts and are not guaranteed. If under storage is not available we will reduce the number of passengers that a bus can accommodate.

Bus Formula

Girls/Tags _____ divided by 2 (per seat) = (A) _____

Adults _____ divided by 2 (per seat) = (B) _____

(C) _____ Divided by 22 = _____ (Number of Buses needed)

Please note: Buses will hold approximately 44 people (2 to a seat) with the last two seats left for storage.

Membership Manager Signature _____

BUS STOP INFORMATION

List the bus stops in desired order of pick-up. Drop-off is usually in reverse order of pick-up. Pick-ups usually start at the bus stop farthest from camp and move toward camp. Number of passengers may vary by day. Provide the number of passengers **EACH DAY** of the event.

BUS STOPS AND COMPLETE ADDRESSES		Date: _____		Date: _____		Date: _____		Date: _____		Date: _____	
		Day 1 AM	Day 1 PM	Day 2 AM	Day 2 PM	Day 3 AM	Day 3 PM	Day 4 AM	Day 4 PM	Day 5 AM	Day 5 PM
Stop 1	# Girls										
	# Teens										
	# Adults										
	# Tags										
	TOTAL										
Stop 2	# Girls										
	# Teens										
	# Adults										
	# Tags										
	TOTAL										
Stop 3	# Girls										
	# Teens										
	# Adults										
	# Tags										
	TOTAL										
Stop 4	# Girls										
	# Teens										
	# Adults										
	# Tags										
	TOTAL										
Destination: _____	Total Girls										
	Total Teens										
	Total Adults										
	Total Tags										
	Total Riders										

Please return this form and payment **at least 3 weeks** prior to your Day Camp to program@gksmo.org.
or mail to 8383 Blue Parkway Dr, Kansas City, MO 64133. Make checks payable to Girl Scouts.