

NON-COUNCIL TRANSPORTATION REQUEST

Submit at least 3 weeks prior to day camp.

Volunteer to contact about buses

Name: _____ SU # _____

Address: _____
Street City State Zip

Email: _____

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

Destination: _____

Destination Address: _____

Dates Service Required: _____

Arrival time at first stop*: _____ AM PM Departure time at first stop: _____ AM PM

Arrival time at camp for return trip*: _____ AM PM Departure time from camp: _____ AM PM

***(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)**

Attach a map or instructions to non-council owned camp sites:

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										
Total Girls											
Total Teens											
Total Adults											
Total Tags											
Total Riders											

Fee Formula

Total number of bus riders (girls, teens, tags) _____ X Number of days _____ = _____ X \$9.00 (bus fee) = \$ _____

Check #: _____ Amount of Check: \$ _____

Visa MasterCard Discover Credit Card #: _____ Exp: _____ CVV _____ Amount charged \$ _____

Signature: _____ Date: _____

Please return this form and payment **at least 3 weeks** prior to your Day Camp to program@gsksmo.org.
Or mail to 8383 Blue Parkway Drive, KC, MO 64133. Make checks payable to Girl Scouts.