



Always On The GO

Ph. (954) 452-3710

FIELD TRIP REQUEST FORM

COMPLETE INFORMATION & E-MAIL OR FAX A.S.A.P.

Date of Trip: ____/____/____ **AOTG Confirmation** _____ **By:** _____
RATES FROM: \$120 PER HOUR / 4 HOURS MINIMUM / LESS THAN 50 MILES / \$10 EXTRA PER HOUR
EVERY 50 MILES TRAVELLED - NIGHTS, HOLIDAYS & WEEKENDS / 5 HOURS MINIMUM.
Organization Name (School): _____ **# of Vehicles:** _____
of passengers including chaperons: _____
Organization Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: (____) _____ - **Fax #:** (____) _____ - **Emergency Ph. #:** (____) _____ -
E-mail: _____
Contact: _____ **Signature:** _____ **Date:** ____/____/____

PICK-UP INFORMATION

Location and Address: _____

Pick-up: Request Vehicle Arrive at: _____ (enter time)

Completion Time: We will be back at our School / Organization by: _____ (enter time)

We will need the vehicle for a total of approximately _____ hours.

NO EATING OR DRINKING ON THE BUS

Notice: A \$20 cleaning fee will be applied should food, candy and/or soda be found in the bus at any time during the trip.

DESTINATION INFORMATION

Name of Location: _____

Address: _____ **Phone #:** (____) _____ - _____

Directions: _____

===== **DRIVER USE ONLY** =====

Driver Name: _____ **Vehicle #:** _____

Report Time (at Base) : _____ **Odometer (at Base):** _____ miles **Depart Time (from Base):** _____

(1) Arrive Time at P/U: _____ (3) Odometer Start: _____ miles **Boarding Time at P/U:** _____

(2) Return Time at P/U: _____ (4) Odometer Finish: _____ miles

Perform walk-down of bus (prior to obtaining customer signature below): **Cleaning fee applicable? (Y / N)**

Finish Time (at Base): _____ **Odometer (at Base):** _____ miles **Refueling needed ?(Y / N)**

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Trip Completion Time & Mileage: ____/____/____ **Signature:** _____

(Organization Representative)