

CAPE MAY COUNTY SPECIAL SERVICES, Transportation Department 609-465-2720

FIELD TRIP REQUEST FORM

SCHOOL DISTRICT: _____ DATE OF REQUEST: _____

NEW REQUEST CHANGE REQUEST CANCEL REQUEST

THIS IS AN ATHLETIC EVENT FIELD TRIP

Please specify athletic event ie: girls or boys basketball, swim, hockey _____

TRIP INFORMATION

DATE OF TRIP _____ SCHOOL DEPARTING FROM _____

DEPARTURE ADDRESS _____ (INCLUDE STREET, CITY, STATE, ZIP)

DEPARTURE TIME _____ ESTIMATED RETURN TIME _____

DESTINATION NAME _____

DESTINATION ADDRESS _____ (INCLUDE STREET, CITY, STATE, ZIP)

NAME & PHONE OF CONTACT PERSON _____ (MUST BE INCLUDED)

SCHOOL BUS MOTOR COACH WHEELCHAIR BUS

OF STUDENTS # OF ADULTS # WHEELCHAIRS TOTAL PASSENGERS

SPECIAL INSTRUCTIONS

Empty box for special instructions.

All information MUST be filled out or your request will be denied and returned to you

EMAIL ALL REQUESTS TO: Sharen Dever (sdever@cmcspecialservices.org) AND Erin Heitzmann (eheitzmann@cmcspecialservices.org)

Table for CMCS SSD use with columns: NEW REQUEST, CHANGE REQUEST, CANCEL REQUEST and rows: Date received, Date confirmed, Vendor.