

Mecklenburg Area Catholic Schools:

Field Trip Request Form for Parishes and Non-MACS Trips

For Approval please fill out and fax this form to Transportation @ 704.370.3263

Please know that your trip is not schedule until your form has been returned to you with an approval signature.

Parish: _____

Date of Trip: _____

Destination: _____

Time Departing Church: _____

Time Returning Back to Church: _____

Number of Students: _____ Number of Adults: _____

Office/Manager Requesting Trip: _____

Signature: _____ Date: _____

By signing the above, the responsible party understands that He/She is responsible for payment of the agreed transportation charge.

Number of Buses Requested: _____

Trip cost is based on the total number of buses used.

Total Cost of the Trip: _____

Comments: _____

Transportation Approval: _____ Date: _____

Please note that you have three business days to cancel the trip if the cost is not agreeable.

If the trip is cancelled for reasons other than weather, a two-day notice or a \$50 charge will be assessed.

Person responsible for scheduling of Buses:

Regina Horne- Office: 704.370.3263; Cell: 704.506.9841; E-mail: rbhorne@charlottediocese.org

Name and telephone number of person requesting this trip or person to be contacted in the event of an emergency _____.