

LUDLOW MUNICIPAL TRANSIT 2016-2017 REQUEST FORM
 Contact: Pam Cruickshank

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<i>Please allow 2 week's advance notice for transportation requests</i>		
Date of Trip	Group Name & Affiliation	Purpose & Destination
Departure Time	Arrival Time Back in Ludlow	Total Number of riders (Chaperones & Students)
# of Teachers & Chaperones	Age of the students	Special Needs (i.e. wheel chair accessible)
Directions to the Destination & Special Instructions to the Destination		
Today's Date	First & Last Name	Signature
Contact Phone	Contact Email	Contact Fax
<i>This section to be completed by the applicable BRHS or LES Principal</i>		
Date Received	Approved	Comments

