Sussex County Regional Cooperative P.O. Box 1029 Hopatcong, NJ 07843 973-398-3583 Fax 973-398-3683

Field Trip Request Form

Trip should be bi	lled to (name of school):	
Contact Person:		Phone #:
		Extension:
Date of Trip:	***************************************	Fax #:
# of Students:	# of Adults:	Total Passengers:
Departure Time:	Departure Time at Trip Location: AND/OR	
	Return Time to School Location:	
Type of Trip: Circle One:	Field Trip / Athletic Trip	(Type of Sport):
<u>Departing From</u> :		
Address:		
City/State:		
Destination:	THE ALCOHOL .	
Address:		
City/State		
# of Vehicles:	Circle One:	School Bus / Coach Bus
Authorizing Sign	ature (School):	
To Be Completed	d by Sussex County Regiona	l Cooperative - Confirmation Info:
Bus Company Na	ame:	
Bus Company Ph	one #:	
Cost Per Vehicle	:	4% Commission Per Vehicle:
Total Cost Per Vo	ehicle:	Total Cost:
4% Commission/	Administrative Fee will be o	charged even if trip does not go.