

**“LITTLE BUS”
USAGE REQUEST FORM**

DATE OR DATES OF USE _____

ORGANIZATION _____

PERSON RESPONSIBLE _____

PHONE _____

DESTINATION _____

TIME OF DEPARTURE _____

LOCATION OF DEPARTURE

TIME OF RETURN _____

LOCATION OF RETURN

PLEASE LIST A MINIMUM OF 8 NAMES

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

DO YOU HAVE A LICENSED DRIVER YES NO

BUS DRIVER NAME

**WILL YOU SUPPLY DRIVERS ADMITTANCE FEE OR
INCLUDE THEM IN YOUR EVENT?** YES NO

**WILL YOU BE DONATING TO THE TOWN TO HELP PAY
FOR THE DRIVER OR USAGE?** YES NO