

# CCSD Trip Request (Out of District)

Please submit transportation requests to email (0389-transevents-user@nv.ccsd.net) or fax to (702) 799-2595.  
Please allow 10 minutes for boarding from departure times. Cancellations and changes MUST be communicated in writing.

<b>Contact Information</b>	
Company: _____	Contact Person: _____
Address: _____	Contact Email: _____
Fax: _____	Contact Phone: _____
	PO Number: _____

<b>Trip Information</b>			
Trip Date: _____	Event Start Time: _____	Trip Purpose: _____	
# of Buses: _____	Return time to school: _____	# of Passengers: _____	# of Wheelchairs: _____

Depart Time	Pickup Location Name	Pickup Address
Event Arrival Time	Event Location Name	Event Address
<b>List any additional stop locations and addresses below</b>		
Additional Information:		
<b>TRANSPORTATION USE ONLY</b>		

Conf. Date: \_\_\_\_\_ Conf. #: \_\_\_\_\_ Confirmed By: \_\_\_\_\_

To Event Route: \_\_\_\_\_ From Event Route: \_\_\_\_\_

**(SUBMIT ONE REQUEST PER DATE AND EVENT)**