

LEHI HIGH SCHOOL Field Trip/Bus Request

Teacher's Name_____	Participating Group_____
Destination_____	Total Mileage (Round Trip, include 16 miles from bus garage)_____
Departure Date_____	Return Date_____
Departure Time _____	Estimated Return Time to LHS _____
Number of Passengers _____	Advisor Cell Number_____
Pick up Location_____	(Will default to "Bus Loading Zone" if you don't specify)
Estimated Cost of Bus Trip* _____	\$4.00 for each mile
Account to be charged _____	(example Debate, Choir, Football)

☞Two week notice is needed to schedule a bus. Please plan ahead!