



Pinckney Pirate ATHLETICS

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High School Van Usage Request Form

Club or Group requesting _____

Name of Supervisor _____

Number of Students being Transported _____

Destination _____

Date of Request _____ (must be 2 weeks prior to usage)

Date of Usage _____ Time of Usage _____

Beginning Mileage a. _____ miles

Ending Mileage b. _____ miles

Miles Driven (b. subtract a.) c. _____ miles

Fuel Charge (c multiplied by \$.50) \$ _____

Account # for Fuel Charge _____

Driver's information: _____

Name

Phone #

Drivers License #

Insurer Co.

____ Copy of Drivers of License (attached)

____ Proof of Insurance (attached)

____ Principal/Director Approval _____ Date

____ Central Office Approval _____ Date