



REGIONAL TRANSIT SERVICE
 1372 E. Main Street
 Rochester, NY 14609
 585-654-0203 • Fax 585-654-0278
 Attention: Millie Rosa

Regional Transit Field Trip Request Form

Please Fill In This Section

Date of Trip: _____

Teacher Name: _____ Phone: _____ Fax: _____

School/Address: _____

Destination: _____

Destination Arrival Time: _____ Destination Departure Time: _____

Number in Group: Students: _____ /Ages: _____ Adults: _____

*****FOR OFFICE USE ONLY*****

Students fare* going: _____ **Adults fare going:** _____

Fare returning: _____ **Fare returning:** _____

*Limit of 3 children under 6yrs. old per 1 paying adult

Trip Going:

1st Boarding Location: _____ Time: _____
 _____ Block # _____

Transfer Location: _____ Time: _____
 _____ Block # _____

Return Trip

1st Boarding Location: _____ Time: _____
 _____ Block # _____

Transfer Location: _____ Time: _____
 _____ Block # _____

Date Received: ___/___/___ Date Confirmed: ___/___/___

Reservations are only authorized when the signed copy is returned. Please call 654-0265 promptly for in case of cancellations or questions.

School Administrator: _____ **City School District:** _____

Regional Transit Service: _____ **Date:** ___/___/___

NOTE: Service is provided on Regular Routes operating according to the public timetable.