

**STS Special Event Request Form**

Client Name: Breakthrough Charter School Date [redacted]

Clients Address: 1820 Prier Drive Apt./Unit# [redacted]

City: Marion State: AL Zip: 36756

Email Address: Ktimms@breakthroughcharterschool.org

Contact Person: Kevin Timms Cell #: 404-883-9233

Date of Service: [redacted] Return Date [redacted] (overnight)

Pick up Time: [redacted] Return Time: [redacted]

Vehicle(s) Type(s) **All Vehicles have a 4-Hour Minimum**

48 Passenger School Bus (2 per seat) X [redacted]

#Passengers: [redacted] 72 Passenger (smaller children 3 per seat) [redacted]

Luggage

Pick-Up Location: Breakthrough Charter School

Address: 1820 Prier Drive

City: Marion State: AL Zip: 36756

Destination: [redacted]

Address: [redacted]

City [redacted] State: [redacted] Zip: [redacted]

**COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                         |
|-------------------------|
| COST QUOTED:            |
| \$ _____                |
| QUOTED BY: _____        |
| QUOTE EMAILED BY: _____ |
| DATE _____              |

|                                   |
|-----------------------------------|
| EVENT CONFIRMED BY(CLIENTS NAME): |
| _____                             |
| DATE CONFIRMED _____              |
| TIME OF CALL: _____ AM PM         |
| ADDED TO SCHEDULE BY _____        |

MILEAGE: \_\_\_\_\_

FUEL COST: \_\_\_\_\_

DH: \_\_\_\_\_