ACTIVITY BUS RENTAL REQUEST

Today's Date:	Name of Group/Organization:	
Mailing Address:	Contact Person:	Contact Number:
Date(s) Needed:	Time(s) Needed:	
Destination:		
Driver Name:	Driver Needed? ○ **YES** ◉ **NO**	
Will there be any students or staff requiring special accommodations? If so, please list.		

FEE SCHEDULE		
Mileage Rate: $1.86 per hour	**Driver Rate: $21.21 per hour**	**Daily Maintenance Fee: $25.00**

Requestor Signature: _____ Date: _____

Board Approved: ☐ YES ☐ NO Date Approved: _____

Submit this form to: Rock Hill Schools
Attn: Brian Vaughan – Facilities Services
P. O. Drawer 10072
Rock Hill, SC 29731