

Name of Coordina	ator			
First Name		Last		
Coordinator Email	Address			
Secondary Contac	t (i.e. chaperon)			
First Name		Last		
Organization Name	e			
Organization Addre				
Address Line 2				
City		State	Zip Code	
Special instructions	s for pick-up location at your orga	nization		
Name of Contact for	or Day of Event			
First Name		Last Name		
Day of Contact's Mobile Number		Day of Contact's Alternate Number		
Day of Contact Em	ail			
Date Requesting				
Number of Students				
Number of people	boarding with a Wheelchair or Po	wer Scooter		
Time of Arrival to E	vent	Time of Departure from	m Event	
RTA offers a How t	•	— ol and organizations. Wou	ld you like to be contact to schedule to	
Trip Purpose				
Field Trip	Ride to Art (Dayton Art Institute	Governmental Tripper	Other	

Terms of Agreement