

School: Freeport High School

Director: Denise Parkhurst

Bus Driver Housing List

Director: If bus drivers are being housed with your group, the following information must be completed.
School will be charged for bus drivers' room.

Bus Company: _____ Telephone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Number of Buses: _____ Number of Bus Drivers: _____

If the bus driver's name is unknown, indicate **EACH** driver with an "X".
Room preference based on availability.

<input type="checkbox"/> Please Check:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple	<input type="checkbox"/> Quad
_____				<input type="checkbox"/> King/Queen Bed
_____				<input type="checkbox"/> Two Double Beds

<input type="checkbox"/> Please Check:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple	<input type="checkbox"/> Quad
_____				<input type="checkbox"/> King/Queen Bed
_____				<input type="checkbox"/> Two Double Beds

<input type="checkbox"/> Please Check:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple	<input type="checkbox"/> Quad
_____				<input type="checkbox"/> King/Queen Bed
_____				<input type="checkbox"/> Two Double Beds

<input type="checkbox"/> Please Check:	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple	<input type="checkbox"/> Quad
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