



Summerville Union High School District  
**Athletic Team Transportation Request**

Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date	Destination	Departure Time	Number of Vehicles	Vehicle(s) Requested

**Team Use Expectations:**

1. **Please have schedule completed, approved and to transportation 15 business days prior to season.**
2. **Driver rules, state laws and district policies apply.**
3. **Vehicle must be returned clean and without damage. Teams will be charged as needed. (See School Vehicle Expectations).**

**Please send completed document to:**

Angela Howard (Transportation)  
ahoward@summbears.net

Mike Rouse (Athletic Director)  
mrouse@summbears.net