

Date: \_\_\_/\_\_\_/\_\_\_

**Bus/Application**

Applicant's name \_\_\_\_\_ Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Email address \_\_\_\_\_

**Child/Children Information**

Name/s \_\_\_\_\_ Age/s \_\_\_\_\_

Name/s \_\_\_\_\_ Age/s \_\_\_\_\_

**BSC Transportation Needs 2010**

**Aug 2- 6** \_\_\_ **Aug 9-13** \_\_\_ **Aug 16-20** \_\_\_ **# of weeks:** \_\_\_\_\_

I \_\_\_\_\_ do authorize JO JO BEE'S

(please print Name)

Children transport service to pickup and or drop off the aforementioned child/children as per this agreement

**Total :\$** \_\_\_\_\_

(Payable by check)

Signature: \_\_\_\_\_

**Notes:**

Scheduling and pricing subject to approval and availability. Application form must be submitted with a \$25.00 non refundable processing fee along with weekly fee of \$ 85.00 per child to secure transportation requests.

Family discounts may be available, please contact JO JO BEES FOR MORE INFORMATION.

Pricing is based on round trip 5 days weekly. Central P/U locations will be determined and parents will be notified accordingly. Refunds applicable only if services are not rendered.

Please make checks payable to

JO JO BEE'S CHILDREN TRANSPORT SERVICE  
PO BOX 251  
Carmel NY 10512

PHONE: (845) 669-4390

FAX (845) 276-5106