



**PASSENGER / ATTENDANCE LIST**

Please complete and return to **SENRS OFFICE (#289)** before departing. Please note that your details may be shared with the bus company in the event of an accident/incident.

DATE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

CONTACT CELL #: \_\_\_\_\_

PURPOSE OF TRIP – COURSE NAME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_ ESTIMATED RETURN TIME: \_\_\_\_\_

	Driving Self	Not Present	Present	PASSENGER NAME	EMERGENCY CONTACT Name & #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

	Driving Self	Not Present	Present	PASSENGER NAME	EMERGENCY CONTACT Name & #
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					