



VTA's Class Pass Application

School Name: _____

Contact Address: _____

Contact City: _____

Contact Zip: _____

Contact Name: _____

Contact Phone: _____

Contact Alternate Phone: _____

Contact Email: _____

Best Time to Reach: _____

Teacher #1: _____

Teacher #2: _____

Teacher #3: _____

Request Date: _____

Group Size: _____

Starting Address: _____

Trip Start Time: _____

Trip Destination Address: _____

Time to be at the Destination: _____

Trip Return Time: _____

Please forward this form to yop@vta.org

You will receive a decision about trip request within three business days. If approved, you will receive your itinerary and tickets one to two weeks prior to your trip.