



VTA's Class Pass Application

School Full Name: _____

School Full Address: _____

City, Zip Code _____

School phone number: _____

School hours: _____

Contact Name: _____

Contact phone number: _____

Alternate Contact number: _____

Contact email address: _____

Best time to reach: _____

Teacher #1: _____

Teacher #2: _____

Teacher#3: _____

Grade Level(s): _____

Total in group: _____

Trip Date: _____

Trip starting location: _____

Trip Destination _____

Please Select and circle one of the following:

Trip start time or Time to be at destination: _____

Start return trip or Time to be back at school: _____

Please forward this form to: yop@vta.org

You will be notified once your application is received. Upon eligibility confirmation, your trip request will be processed. You will receive your trip's itinerary and tickets via U.S. mail 1-2 weeks prior to the trip's date. Any changes to the itinerary **must** be requested at least 72 hours in advance of the trip's date. Approval of any change request is based on capacity due to other schools traveling in your area.