

Big Bend Community College Van/Bus Passenger Manifest

VEHICLE # _____

DEPARTURE DATE		DEPARTURE TIME		GROUP	
RETURNING DATE		RETURNING TIME		GROUP POC	
TRIP PURPOSE		DRIVER NAME		POC PHONE	
DESTINATION		DRIVER PHONE			

#	PRINT NAME <i>Last, First, Middle</i>	DOB <i>(MM/DD/YYYY)</i>	M/F	STATE/COUNTRY	EMERGENCY CONTACT NAME	EMERGENCY CONTACT NUMBER
DRIVER						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Vehicle maximum capacities
 Vans: Driver + 11 passengers
 Bus: Driver + 49 passengers

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#	PRINT NAME	DOB (MM/DD/YYYY)	M/F	STATE/COUNTRY	EMERGENCY CONTACT NAME	EMERGENCY CONTACT NUMBER
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						

Vehicle maximum capacities
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#	PRINT NAME	DOB (MM/DD/YYYY)	M/F	STATE/COUNTRY	EMERGENCY CONTACT NAME	EMERGENCY CONTACT NUMBER
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						

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