



VILAR  
PERFORMING  
ARTS CENTER

STARS 

## Bus Transportation Reimbursement Form

School Name: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_

Performance Name & Date \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

# of Students that actually attended: \_\_\_\_\_

# of Chaperones/Teachers that actually attended: \_\_\_\_\_

# of Busses for Reimbursement: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Who should the check be made payable to? \_\_\_\_\_

Comments: \_\_\_\_\_

**To ensure that your check is sent in a timely fashion please complete this entire form! Thanks**

**For Internal Use: BLI# 51-585**

If your students enjoyed the performance we encourage them to write a letter of  
"THANKS!" to Pat & Peter Frechette

Letters can be sent to:

Vilar Performing Arts Center, PO Box 3822, Avon, CO 81620