

If your school wishes to participate in the Bus Pact, complete and return the form at the bottom of this page to:

- Email: [Katie@asbsd.org](mailto:Katie@asbsd.org)
- Fax: 605-773-2501
- Mail: 306 E Capitol Ave., Pierre, SD 57501.

**SCHOOL DISTRICTS WILL NOT BE INCLUDED IN THE LISTING UNLESS THE FORM IS RETURNED TO THE ASBSD OFFICE BY SEPTEMBER 15, 2017.**

_____	_____
(School District)	(School Phone)
1. _____	_____
(Person to Contact)	(Emergency Phone)
2. _____	_____
(Person to Contact)	(Emergency Phone)
3. _____	_____
(Person to Contact)	(Emergency Phone)
4. _____	_____
(Person to Contact)	(Emergency Phone)