

Request for Shortened Ride Time

**(This needs to be filled out and sent to the ECTRA BOD, P.O. Box 272
Reading, VT 05062)**

Name of Event: _____

To be held on: _____

Manager's name: _____

Manager's address: _____

Manager's: Phone: _____ Fax: _____

email: _____

As manager of the above event, I am requesting a shortened ride time from
the ECTRA Board of Directors.

The reason for the shortened ride time is:

Manager's signature: _____

BOD of Directors decision and authorized signature:

Approved: _____

Not Approved: _____

Signature: _____