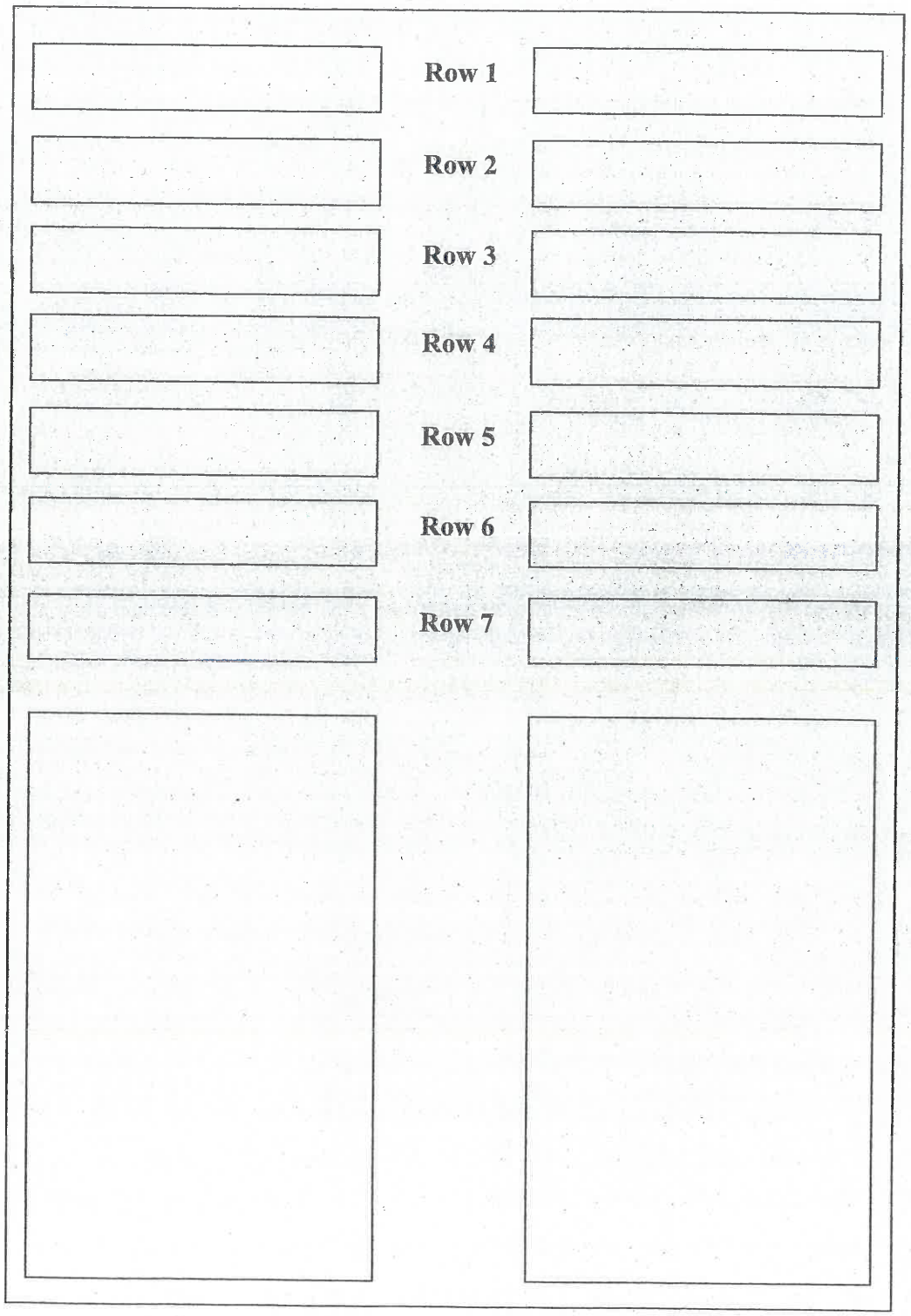
SPECIAL NEEDS SEATING CHART

BUS # _____

Designate Lift Location (➔) and Wheelchair Stations (☒)

(Front of Bus)



Back of Bus