

CHARTER BUS REQUEST FORM

Ms. Mason Use Only

8 Lafayette Rd
North Hampton, NH 03862

PHONE: 603-692-4406
FAX: 603-692-4327

Customer Requesting Charter: _____ Phone: _____

Billing Address: _____ Fax: _____

City: _____ ST: _____ Zip: _____ Date Ordered: _____

Trip Date: _____ Day of the Week Req. _____ Round Trip One Way

Trip Times: (Include AM or PM) Load Time:

AM
PM

 Depart Time:

AM
PM

Return P/U:

AM
PM

 Arrival at Home:

AM
PM

TRIP INFORMATION: New Order Change Order

Bus Size	3 Per Seat	2 Per Seat		# of Buses

PASSENGER COUNT

CHILDREN
ADULTS
TOTAL

Group Name / Activity: _____

Pick-Up Information:

P/U Location: _____
Address: _____ City: _____ Zip: _____

Special Instructions: _____ Bus to stay: Yes No

Destination Information:

P/U Location: _____
Address: _____ City: _____ Zip: _____

Special Instructions: _____ Bus to stay: Yes No

Ordered By: _____

First Student Office Use Only

Confirmation#: _____ Conf Fax Date: _____ #Buses: _____
Estimated Cost: _____ GL#: _____ # of Passengers: _____
Customer #: _____ Price Code: _____ COD: INV: P.O.# _____