



Date: _____

Bus Trip Order

Date of Trip: _____

Billing Organization: _____

Departure Point: _____

Name of group to be transported: _____

Requesting Party: _____

Phone number to be used on day of trip if any concerns about this trip: _____

Departure Time: _____

Return Time: _____

Destination: _____

Number of passengers: _____

Do you want bus to stay with group? _____

Thanks for considering All-Star for your transportation needs.

Michelle Way, *Manager*

Please check here if you would like to book this trip and email or fax it back to us at Michelle.way@all-startransportation.com, or 860-435-0371 so that we can reserve that time for you. Person responsible for payment should print and sign their name below. Thank You.

Print

Sign