

Southwinds Transportation



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| FAX: 818-504-1101 |
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Trip Order Request

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|---|------------------------------|
| Name of Organization/Client: | |
| Address: | Today's Date: ____/____/____ |
| City: Zip: | Contact Name: |
| Telephone: | Email: |
| | FAX: |

Trip Information

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|--|---|
| Date of trip: ____/____/____ | Pick up location name and Address: |
| | Name: |
| Day Of Trip: (circle one) S M T W Th F S | Address: |
| Pick-up Time at school: ____:____ AM PM (circle one) | Destination Name and Address |
| Ending Time at school: ____:____ AM PM (circle one) | Name: |
| Program: _____ # of buses: _____ | Address: |
| School Name: | |

Place an **X** where needed

| Bus Sizes and Capacity | |
|------------------------|---|
| | 25 (up to 33 Passengers seating three per seat) |
| | 52 (up to 78 Passengers seating three per seat) |
| | 56 (up to 84 Passengers seating three per seat) |
| | Luggage Compartment |

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| Note Special Instructions Here: |
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✓ Filling the request form does not confirm your bus. Please ensure you receive a trip confirmation number and an invoice. The confirmation is faxed or emailed to the client after the request form has been received.