

Southwinds Transportation



FAX: 818-504-1101

Trip Order Request

Name of Organization/Client:	
Address:	Today's Date: ___/___/___
City: _____ Zip: _____	Contact Name:
	Email:
Telephone:	FAX:

Trip Information

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	
<input type="checkbox"/>	25 (up to 33 Passengers seating three per seat)
<input type="checkbox"/>	52 (up to 78 Passengers seating three per seat)
<input type="checkbox"/>	56 (up to 84 Passengers seating three per seat)
<input type="checkbox"/>	Luggage Compartment

Note Special Instructions Here:

- ✓ 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.