

Southwinds Transportation



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:
Day Of Trip: (circle one) S M T W Th F S	Name:
Pick-up Time at school: ____:____ AM PM (circle one)	Address:
Ending Time at school: ____:____ AM PM (circle one)	Destination NAME and ADDRESS:
Program:	Name:
School Name:	Address:
# of Passenger: _____ # of buses: _____	

Place an **X** where needed

Bus Sizes and Capacity	
	Seatbelts
<input type="checkbox"/>	25 (up to 36 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)
Note there is limited count of the 60 passenger buses. Available upon request	

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.

FAX : 818-504-1101

email: swbuses@yahoo.com

PH: 818-504-1100

www.swbuses.com