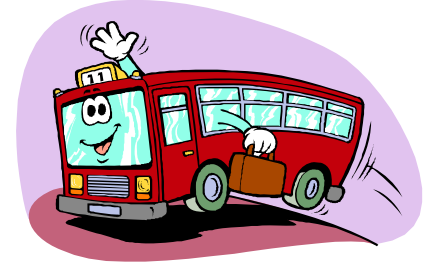


# Bus Pickup

## Fact Sheet



Please provide the following information for us to share with the bus company to ensure a timely departure. A full numbered street address with zip allows for use of GPS for directions.

**TRIP DATE:** \_\_\_\_\_

**TRIP DESTINATION:** \_\_\_\_\_ **PICKUP TIME:** \_\_\_\_\_

**ORGANIZER NAME:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Or Alternate Contact on Bus:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Pickup Location:** \_\_\_\_\_

(Any private parking lots including shopping centers, you must obtain written consent to park or to allow the bus enter to load your group. Please gain consent early to avoid last minute location change.)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Closest Cross Street:** \_\_\_\_\_

In the space below, please **provide directions from the closest Major Highway:**  
(PLEASE PRINT CLEARLY)

---

---

---

---

---

---

---

---

---

---

This form must be received in our office 30 days prior to your trip date to ensure you and your group a quality trip. Thank you.  
Email to your Trip Coordinator or fax back to us at: 215-504-4217