

**First Student** 97B EPPING RD TEL# 603-778-6900 Emergency #s 603-303-6923  
 EXETER NH 03833 FAX 603-778-6049 303-6921  
 303-6920

**CHARTER REQUEST FORM**

Person Requesting Charter \_\_\_\_\_ Tel.# \_\_\_\_\_

Billing Address \_\_\_\_\_ Fax# \_\_\_\_\_

City State \_\_\_\_\_ Date Ordered \_\_\_\_\_

Trip Date \_\_\_\_\_ Day of Week S M T W Th F S Round Trip \_\_\_\_\_ One Way \_\_\_\_\_

TRIP TIMES

Load AM Depart AM Time for AM Time AM  
 Time \_\_\_\_\_ PM Time \_\_\_\_\_ PM P/U \_\_\_\_\_ PM Return \_\_\_\_\_ PM

**SCHOOL CHARTER TRAVELING OUT OF SAU16 REQUIRE 2 PASS. PER SEAT**

Bus Size	3 Per Seat	2 Per Seat	# Buses	# Passengers
77 Passenger	77 Students	51 Adults	_____	_____
71 Passenger	71 Students	47 Adults	_____	_____
57 Pass W/WC		47 Adults	_____	_____

Group Name \_\_\_\_\_

Pick Up Info:

Location \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Special Instruction: \_\_\_\_\_ Bus to Stay Y N

Destination Info:

Name/Location \_\_\_\_\_

Address \_\_\_\_\_

Ordered by: \_\_\_\_\_

Approved by:(Required) \_\_\_\_\_

Purchase Order # (Required) \_\_\_\_\_

**First Student Office Use Only**

Confirmation # \_\_\_\_\_ Confirm Fax Date \_\_\_\_\_ # Buses \_\_\_\_\_

Estimated Cost \_\_\_\_\_ GL # \_\_\_\_\_ # Passengers \_\_\_\_\_

Customer # \_\_\_\_\_ Price Code \_\_\_\_\_ COD \_\_\_\_\_ Inv. \_\_\_\_\_