

SAM Shortline Group Request Form

Date of Travel: _____

Group Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Boarding Location: _____

Round Trip or One Way: _____

Seat Type: Coach _____ Deluxe _____

____ # Adults x \$ _____ = \$ _____

____ # Child x \$ _____ = \$ _____

____ # Teacher x \$ _____ = \$ _____

____ # Students x \$ _____ = \$ _____

____ # Chaperones x \$ _____ = \$ _____

____ # Comp x \$ _____ = \$ _____

____ Total Seats Booked Total: \$ _____

Tax Exempt: _____

<p>Notes</p>
