

COACH CANADA BOOKING FORM FOR HIGHWAY COACH BUSES

GENERAL INFORMATION	
Group Name	
Contact Name	
Contact Email	
Phone #	
Fax #	
Account #	
Department #	

TRIP INFORMATION	
Departure Date (full day/month/year)	
Departing From	
Pick Up Address	
Departure Time	
Estimated Return Time	
Destination (including full address)	
Estimated Destination Departure Time	
Number of Passengers	
Overnight Stop Required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Round Trip?	YES <input type="checkbox"/> NO <input type="checkbox"/>

TRANSPORTATION REQUIREMENT	
Vehicle Type:	
# of Vehicles Required	Vehicle Type
	Coach Bus (56 passenger with washroom and storage)



ADDITIONAL INFORMATION

Signature: _____

Please send in by email tracey.brooks@coachcanada.com or fax to: 705-748-2452 Attn: Tracey Brooks