

All-Star - Transportation Request Form

Plymouth Terminal

Phone: 860-585-0011 Fax: 860-585-5730

For accurate pricing please fill out this form completely

Please Submit 30 Day's Prior to Trip

Destination: _____

Students: _____

School/Affiliation: _____

Adults: _____

Date of Trip: _____

Large Bus: _____

(71 Passenger) 3/Seat

Depart Time: _____

(Leave School/Affiliation)

Small Bus: _____

(25 Passenger)

Return Time: _____

(Leave from location)

Wheel Chair Bus: _____

(7 Passenger)

Grade/Group: _____

Van: _____

(5 Passenger)

Person in charge: _____

Contact Phone: _____

Email: _____

5 Pt. Harness: _____

Special Requests or Extra Stop's: _____

Approval

School/Affiliation Approval:

Cost/Bus: \$ _____

Bus Company Approval:

Approved by: _____

Approved by: _____

Title: _____

TOTAL COST: \$ _____

Title: _____

**ESTIIMATE COST

*Date Submitted: _____

Date Returned: _____

*The bus company will get back to you within 48 hours with a price based on your information

**Final invoice may differ if any changes were made after this form has been submitted

Checks payable to: All-Star Transportation

Billing Addr: 146 Huntingdon Ave. Waterbury CT. 06708