

REQUEST FOR USE OF DOUBLE DECKER BUS

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| Event Date: |
| Group Name: |
| Contact Person: |
| Phone: |
| Email: |
| Billing Address: |
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| Day of event contact name: |
| Day of event contact phone: |

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| Pick Up Location: |
| Pick Up Time: |
| Drop Off Location: |
| Drop Off Time: Total Time of Rental: |
| Number of passengers: |

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| Is a tour guide needed: Yes No \*Please circle |
| Itinerary/Overview of plans: |
| Date of request: |