

BUS RESERVATION CARD

Arrival Date: _____ Arrival Time: _____ AM/PM. Depart _____ AM/PM # of Buses _____

GROUP NAME (How you want your group announced.)

TOUR ESCORT / GROUP LEADER NAME (Responsible individual on bus.)

City & State of origin _____ Phone # _____

Booking agent _____ Carrier/Bus Co. _____

FOR OFFICE USE ONLY CONFIRMATION SENT BY: _____ Date: _____
Scheduled by: _____ W/C: _____

COMMENTS:



Return to:

FAX: 413-205-5306 or EMAIL: GroupSales@TheBigE.com

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