



CHARTER BOOKING/QUOTE REQUEST

Please Tick:

Booking Order OR Quote Only

Note: Quotes give a price indication only and do not guarantee availability.

Today's date:		Contact Name:	
Organisation:		ABN:	
Requested by:		Signature:	
Phone:		Fax:	
Email:		Postal Address:	

Reason for charter:			
Special Requirements:			
Type of Booking (Please tick ONE):	<input type="checkbox"/> Day Only <input type="checkbox"/> Regular (same booking each week for a set period of time) <input type="checkbox"/> Swim Scheme (schools only)		
Start Date:		Start Day:	
Finish Date:		Finish Day:	

Forward	Return
Pick-up time _____ am/pm	Pick-up time _____ am/pm
No of Passengers: _____ No of Buses: _____	No of Passengers: _____ No of Buses: _____
Pick-up Point: _____	Pick-up Point: _____
Additional Drop-off/Pick-up Points: _____ _____ _____	Additional Drop-off/Pick-up Points: _____ _____ _____
Destination: _____	Destination: _____



FORM 071

Issue 2

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PLEASE FAX COMPLETED FORM TO YOUR AREAS STATE TRANSIT CHARTERS OFFICE