CONCORDIA UNIVERSITY IRVINE BUS REQUEST

DAY	
DATE	
# OF PASSENGERS	
VOLUME OF LUGGAGE/EQUIPMENT	
TYPE OF VEHICLE REQUESTED	
GROUP	
ORG #	
GROUP LEADER & CELL PHONE#	
ADDITIONAL CONTACT & CELL #	
PICK-UP LOCATION name of location street address city, state zip	
BUS ARRIVAL TIME	
BUS DEPARTURE TIME	
DINNER STOP	
DESTINATION name of location street address city, state zip	
APPROX. BUS END TIME	
LUGGAGE	
NOTES	

Revised 2/25/2020