



Quote Request

Date Required By: _____

Dates and Length of Trip (to/from & # of days/nights)	Dates: _____	Length: _____		
Days of Week to Travel	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thur. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.			
Name of School / Group	_____			
School Address	Street	City	State	Zip
	_____	_____	_____	_____
Contact's Information	Name: _____			
	Phone: _____		Email: _____	
Grade of Students (check all that apply)	<input type="checkbox"/> Jr. High <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Number of Students (min/max), Chaperones and Chaperone Rooms	Students: _____	Chaperones: _____	Rooms: _____	_____
Budget per Student	_____			
Extras to Include (movies, theme park, etc.)	_____			
Special Requests (tour mgr., hotel security, city, hotels, bus, etc.)	_____			
Things to do (in order of priority)	_____			

ESTIMATE – OFFICE USE ONLY

TOUR MANAGER	ESTIMATED GUEST ROOMS	TRANSPORTATION	BUS COMPANY	GRATUITY	
		\$ _____		\$ _____	
	NIGHTS	HOTEL / LOCATION		PRICE	BASE PRICE
Hotels					
Meals					
Extras					
Meals Total					