

Transportation Information Form

(to be completed by ALL Groups)



Group Name: _____

Group Leader Name: _____

Group Leaders Cell Number: _____

Pier Arrival Time (12:00pm is recommended): _____ Date: _____

AIRLINE

Arrival

Airline Name: _____ Time: _____ Flight #: _____ Date: _____

Departure

Airline Name: _____ Time: _____ Flight#: _____ Date: _____

BUS (If arriving by air, indicate local transfer information to port)

Name of Bus Company: _____

Bus Company Contact: _____

Bus Company Phone: _____

OTHER

Arrival Method: _____

Arrival Time: _____

GENERAL INFORMATION FOR GROUPS PROVIDING THEIR OWN TRANSPORTATION:

1. Provide a DETAILED itinerary to your bus company 2 weeks prior to your departure.
2. Establish a personal contact with the bus company's dispatcher.
3. Ask your bus company for a 24-hour emergency phone number.
4. Ask about "on duty" and "off duty" rules of the company.

Please complete this form and return it to our office. Thank you for your cooperation.