



640 Kimberly Rd, Carol Stream, IL. 60188
630-260-7645 ext. 3

CHARTER INFORMATION REQUEST

Today's Date: _____

Charter Customer Organization: _____

Address: _____

Contact Person: _____ Phone: _____

E-mail: _____

Charter Date: _____

Pick up time: _____ Number of riders: _____

Pick up location address: _____

Destination Name + Address: _____

Pick up time for return from charter: _____

(To be back at Origin)

Charters are billed at \$40 per hour: _____ # of buses _____ estimated cost
--

Special needs or requests: Air Conditioned (available on small buses only) ____

Wheel chair lift equipped: ____

Other: _____

Please check one:

Who will be paying for Charter: Activity Fund/PTO ____ or District ____

Please contact us at 630-790-0781 Kay Murphy.

Please email all requests to k.murphy@illinois-central.com and b.veeninga@illinois-central.com