

Saint Joseph's University Travel Office
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Philadelphia, PA 19131
610-660-1316 610-660-1319-Fax
travel@sju.edu www.sju.edu/travel

MOTORCOACH REQUEST

Please complete this form and fax or email to the travel office for processing.

Name of Group: _____

SJU Budget Number: _____

Group Leader: _____

Cell Phone Number: _____

Departure Date: _____

Departure Time: _____

Departure Address: _____

Return Date: _____

Return Time: _____

Number of Buses: _____

Bus Type: _____ 49 Passenger _____ 55 Passenger

Full Address of Destination / Hotel:

Airline Information (If airport transfers):

Special Requests: _____

All confirmations will be sent via email.

Please provide your email address: _____