



640 Kimberly Dr, Carol Stream, IL. 60188

CHARTER INFORMATION REQUEST

Today's Date:

Charter Customer Organization:

Location Address:

Contact Person:

Phone:

E-mail:

Activity:

Charter Day and Date:

Pick Up Time:

Number of Buses:

Number of Riders:

Pick up location (If Different than above):

Destination Name + Address:

We Will Return to School at:

Other:

Who will be paying for Charter: School _____ or District X
Please check one.

Please contact us at 630 260-7645 if you have any questions.

Please email completed form to Bill Cole at w.cole@illinois-central.com

Please cc S.Slayton@illinois-central.com