

Send your completed request form to charterum@umd.edu and include "Charter Request" as part of your email subject line. Please allow seven business days for an initial response. Thank you!

Representative Information	
Representative Name	
Representative Phone Number	
Representative Email Address	
Department / Organization	
Campus Address	
Charter Contact Information	
Someone who will be present on the trip or will be available to be contacted during the trip.	
Charter Contact Name	
Charter Contact Mobile Number	
Billing Information	
Billing Contact Name	
Billing Contact Phone Number	
Billing Contact Email Address	
Persons Authorized to Make Changes to This Trip	
Payment Type Card / Check / KFS / RSTARS	

Initial Details		
Trip Date(s) Please include both the day and the date.		
Purpose of Trip		
Number of Passengers / Guests If unsure, please estimate max number expected.		
Vehicle Type		
	of vehicle, and the number of vehicles you require. ype is best for your trip, our team can suggest options!	
Vehicle Type		
Number of Vehicles		
Any Additional Notes to Our Team		
Le	gend of Vehicle Types	
	<b>Motorcoach</b> Seats: 54 ADA Accessibility: No 5-Hour Booking Minimum or Airport Transfer Flat Rate	
	Large Transit Bus Seats: 37 ADA Accessibility: Yes, up to two wheelchairs per vehicle 2-Hour Booking Minimum, 50-Mile Radius of College Park Limit	
	Small Transit Van Seats: 17 ADA Accessibility: Yes, up to one wheelchair per vehicle 2-Hour Booking Minimum, 50-Mile Radius of College Park Limit	
	Sprinter Van Seats: 13 (Up to 7 pax for airport transfers due to luggage) ADA Accessibility: No 2-Hour Booking Minimum, 50-Mile Radius of College Park Limit	
	SUV Seats: 5 ADA Accessibility: No 2-Hour Booking Minimum or Airport Transfer Flat Rate	

Type of Charter Service		
If none of these options are applicable to your trip, please continue to the next section.		
Drop-Off / Pick-Up Service  Example: "I'd like my group to be dropped off at 9:00 AM and for the bus to return at 5:00 PM to bring us back to campus. We will not need the bus in between those times."		
Continuous Trips  Example: "I'd like the bus to run continuously from 7:00 AM until 3:00 PM between X and Y, so our guests can move between venues."		
Please Provide Airport Name / Airline Name Flight Number / Arrival or Departure Time  We also recommend adding information about originating airports and any connecting flights in case of delays, allowing our drivers to monitor flight statuses.		
Location and Time Details		
Pickup Location Name & Address		
Initial Departure Time		
<b>Dropoff Location</b> Name & Address		
RETURN Pickup Location Name & Address		
RETURN Departure Time		
RETURN Dropoff Location Name & Address		

## PLEASE NOTE

Trips are not booked and vehicles are not reserved until a signed estimate is returned to our office. Once submitted, a member of our team will reply within seven (7) business days. Please ensure signed estimates and finalized itineraries are received by DOTS Charter at least eight (8) university business days before your trip commences. This timely submission helps us avoid rush fees and ensures optimal preparation for your trip.