

# American Destinations, Inc.

## PROPOSAL REQUEST FORM

Order Date:

School/Group Name:

Address:

City:  State:  Zip Code:

Work Phone:  Fax:  E-mail:

Group Leader:

Home Address:

City:  State:  Zip Code:

Home Phone:  Fax:  E-mail:

Tour information should be mailed to:  Home Address  Organization/School Address

Destination	# of Nights Lodging	Trip Dates
<input type="text"/>	<input type="text"/>	<input type="text"/>

Approximate # of Adults:  Approximate # of Students:  Complimentary Packages: 1 per

(Grade Level: ) (Standard package includes 1 comp per 15 paid)

Requested motorcoach company:

Phone Number (if possible):

Hotel Location:  Within City Limits  Outside City Limits

Meal Requests: # Breakfasts  # Lunches  # Dinners

List types of meals and requested restaurants, if possible:

List specific attractions, if possible:

Where has the group traveled in the past?

Who arranged the tour package(s)?

Does the group need school board approval?  Yes  No  N/A

Did the group research the school calendar before choosing dates for their trip?  Yes  No  N/A

### TRAVEL CONSULTANT INFORMATION:

ADI Travel Consultant:

Business Name (if applicable):

City:  State:  Zip Code:

Business Phone Number:  Cell Phone:

Fax Number:  Email Address:

Host Agency (if applicable):

ID# (if applicable):