CHRISTOPHERSON BUSINESS TRAVEL

Use this form to request travel for 9+ travelers OR athletic teams of 6+ travelers.
Please email your completed form to universitygroups@cbtravel.com.

PRIMARY CONTACT INFORMATION

GROUP NAME*

ENTER GROUP NAME

CONTACT NAME*	**PHONE***	**EMAIL***
ENTER FIRST & LAST NAME	ENTER PHONE	ENTER EMAIL ADDRESS

UNIVERSITY/CAMPUS NAME*

ENTER UNIVERSITY/CAMPUS NAME

DEPARTMENT*

ENTER CAMPUS DEPARTMENT OR ATHLETICS

IF ATHLETICS, PLEASE SELECT FROM BELOW

☐ MENS	☐ WOMENS	☐ COED

☐ **SPORT:**ENTER SPORT NAME

☐ **CLUB/REC:** ENTER CLUB/REC SPORT NAME

SERVICES REQUESTED*

☐ AIR	☐ HOTEL	☐ CAR RENTAL	☐ CHARTER BUS

AIR (Click arrow to expand/collapse)

DEPARTURE

NUMBER OF TRAVELERS: ENTER NUMBER OF TRAVELERS	
DEPARTURE CITY: ENTER CITY	**ARRIVAL CITY:** ENTER CITY
PREFERRED DATE: CLICK TO SELECT DATE	**DATE FLEXIBILITY:**CLICK TO SELECT DATE FLEXIBILITY
PREFFERED DEPARTURE TIME: ENTER TIME	**DEPARTURE TIME FLEXIBILITY:**CLICK TO SELECT TIME FLEXIBILITY
PREFFERED ARRIVAL TIME:ENTER TIME	**ARRIVAL TIME FLEXIBILITY:**CLICK TO SELECT TIME FLEXIBILITY
TRAVELING WITH SPECIAL BAGGAGE SUCH AS SPORTS, MEDICAL, OR AV EQUIPMENT ☐ **NO** ☐**YES, PLEASE EXPLAIN:** ENTER SPECIAL BAGGAGE NEEDS	

RETURN

DEPARTURE CITY: ENTER CITY	**ARRIVAL CITY:** ENTER CITY
PREFERRED DATE: CLICK TO SELECT DATE	**DATE FLEXIBILITY:**CLICK TO SELECT DATE FLEXIBILITY
PREFFERED DEPARTURE TIME: ENTER TIME	**DEPARTURE TIME FLEXIBILITY:**CLICK TO SELECT TIME FLEXIBILITY
PREFFERED ARRIVAL TIME:ENTER TIME	**ARRIVAL TIME FLEXIBILITY:**CLICK TO SELECT TIME FLEXIBILITY

HOTEL (Click arrow to expand/collapse)

DESTINATION: ENTER CITY, STATE OR PREFERRED RADIUS OF A PARTICULAR VENUE			
CHECK-IN DATE: SELECT DATE	**CHECK-OUT DATE:** SELECT DATE		**BUDGET PER NIGHT:** ENTER BUDGET
☐ **TAX EXEMPT?**	**ROOM TYPE & NUMBER OF ROOMS**	☐ **1 BED** # OF ROOMS	☐ **2 BEDS** # OF ROOMS	☐ **SUITES** # OF ROOMS

SPECIAL AMENITIES (REQUEST ONLY, SUBJECT TO AVAILABILITY, HOTEL APPROVAL, AND MAY INCUR A FEE)

☐ **EARLY CHECK-IN** ENTER PREFERRED TIME	☐ **BREAKFAST**	☐ **ONSITE PARKING**
☐ **LATE CHECK-OUT** ENTER PREFERRED TIME	☐ **WIFI**	☐ **ONSITE BUS PARKING**
☐ **MEETING SPACE**	**ROOM CAPACITY-** ENTER # OF ATTENDEES **DATE/TIME-** ENTER DATES/TIMES NEEDED	☐**NEED MEALS** ☐ **NEED BEVERAGES** ☐**NEED SNACKS** ☐ **NEED AV EQUIPMENT**

CAR RENTAL (Click arrow to expand/collapse)

PICK-UP LOCATION: ENTER LOCATION	**PICK-UP DATE:** SELECT DATE	**PICK-UP TIME:** ENTER TIME
DROP-OFF LOCATION: ENTER LOCATION	**DROP-OFF DATE:** SELECT DATE	**DROP-OFF TIME:** ENTER TIME

VEHICLE TYPE AND NUMBER OF VEHICLES

☐ **ECONOMY CAR** ENTER # NEEDED	☐ **STANDARD CAR** ENTER # NEEDED	☐ **LUXURY CAR** ENTER # NEEDED
☐ **COMPACT CAR** ENTER # NEEDED	☐ **STANDARD SUV** ENTER # NEEDED	☐ **LUXURY SUV** ENTER # NEEDED
☐**INTERMEDIATE CAR** ENTER # NEEDED	☐ **FULL SIZE CAR** ENTER # NEEDED	☐ **MINI VAN** ENTER # NEEDED
☐**INTERMEDIATE SUV** ENTER # NEEDED	☐ **FULL SIZE SUV** ENTER # NEEDED	☐ **12 PASSENGER VAN** ENTER # NEEDED

CHARTER BUS (Click arrow to expand/collapse)

Please attach a tentative itinerary, including all stops. Please note we discourage filling a motorcoach to full capacity.

NUMBER OF PASSENGERS: ENTER NUMBER	☐ **NEED ONBOARD RESTROOM**	☐ **NEED ONBOARD WIFI**
PICK-UP LOCATION: ENTER COMPLETE ADDRESS		
PICK-UP DATE: SELECT DATE	**PICK-UP TIME:** ENTER TIME	
DROP-OFF LOCATION: ENTER COMPLETE ADDRESS		
DROP-OFF DATE: SELECT DATE	**DROP-OFF TIME:** ENTER TIME	

Once you have emailed your request to UniversityGroups@cbtravel.com, a group advisor will contact you within 24 hours to confirm your request has been received. *Please note requests are worked in the order in which they are received and prioritized by travel date.* You can expect the below estimated response times based off the trip's anticipated start date.

- 3 months or less: 1 week response
- 6-9 months: 2 weeks response
- 9+ months: 3 weeks response