



Group Sales Department

# PASSENGER NAME LIST

**NAME LIST MUST BE RECEIVED BY THE GROUP DEPT. PRIOR TO THE FINAL PAYMENT DATE**

PLEASE PROVIDE US WITH A COMPLETE NAME LIST **(FIRST AND LAST NAMES)**  
OF ALL GROUP MEMBERS TRAVELING  
(PLEASE MAKE ADDITIONAL COPIES OF THIS FORM IF NEEDED)  
PLEASE CARRY A COPY OF YOUR NAME LIST WITH YOU ON YOUR DAY OF TRAVEL.

GROUP NAME: \_\_\_\_\_ CELL PHONE # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RESERVATION#: \_\_\_\_\_ TRAVEL DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOW ARE YOU GETTING TO STATION? PRIVATE AUTO SCHOOL BUS

PLEASE PRINT OR TYPE LAST NAME, FIRST NAME	PLEASE PRINT OR TYPE LAST NAME, FIRST NAME	PLEASE PRINT OR TYPE LAST NAME, FIRST NAME
1.	21.	41.
2.	22.	42.
3.	23.	43.
4.	24.	44.
5.	25.	45.
6.	26.	46.
7.	27.	47.
8.	28.	48.
9.	29.	49.
10.	30.	50.
11.	31.	51.
12.	32.	52.
13.	33.	53.
14.	34.	54.
15.	35.	55.
16.	36.	56.
17.	37.	57.
18.	38.	58.
19.	39.	59.
20.	40.	60.

FAX TO: 1-800-872-3298

EMAIL ADDRESS: [amtrak-schoolsontrains@amtrak.com](mailto:amtrak-schoolsontrains@amtrak.com)