

FisherJets

Fisher Gordon Company LLC

TRIP SHEET

Completed by: _____ Date: _____
Contact Person: _____
Telephone #1: _____
Telephone #2: _____
Fax#: _____
Email: _____
Mailing Address: _____

TRIP DETAILS:

Date of Departure: _____
of Passengers: _____
Ideal Time of Departure: _____
Destination of Departure: _____
Preferred Airport (or code): _____
Destination #1 of Arrival: _____
Preferred Airport (or code): _____
Date / Time: _____
Return (One-Way) Date/Time: _____
Destination #2 of Arrival: _____
Preferred Airport (or code): _____
Date / Time: _____
Destination #3 of Arrival: _____
Preferred Airport (or code): _____
Date / Time: _____
Preferred Aircraft:
Helicopter: _____ SuperMid: _____
Light Jet: _____ Heavy: _____
Midsize: _____ Ultra Heavy: _____
Other Preferences:
Catering Requests: _____
of Baggage: _____
Catering: _____
Ground Transportation: _____