



Date _____

Group _____

Recipient information	
Name	_____
Address	_____
City	_____
State	_____ Zip _____
Phone	_____

Sender Information	
Name	_____
Phone	_____
Email	_____

Select Preferred Shipping Service

FedEx

<input type="checkbox"/>	Priority Overnight
<input type="checkbox"/>	Standard Overnight
<input type="checkbox"/>	Ground
<input type="checkbox"/>	Saturday Delivery
<input type="checkbox"/>	Prepaid label

UPS

<input type="checkbox"/>	Next Day Air
<input type="checkbox"/>	2 Day Air
<input type="checkbox"/>	3 Day Select
<input type="checkbox"/>	Ground
<input type="checkbox"/>	Saturday Delivery
<input type="checkbox"/>	Prepaid Label

Insurance Dollar Amount (optional)

Tracking Number# _____
Will email when available

<input type="checkbox"/>	Bill Guest (Name)	_____	Room	_____
<input type="checkbox"/>	Bill Guest Shipping Account #	_____		
<input type="checkbox"/>	Bill Group Master Account #	_____		
<input type="checkbox"/>	Bill Guest Credit Card #	_____	Exp Date	_____
<input type="checkbox"/>	Bill BRR Account	_____	Dept	_____

Signature _____ Date _____