

**Big Sky Bus Lines, Inc.
PASSENGER MANIFEST**

Date:	Trip #
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Group:

Departure Location:	Departure Time:	Destination:
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Last Name	First Name	Special Requirements
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**Big Sky Bus Lines, Inc.
PASSENGER MANIFEST**

Last Name	First Name	Special Requirements
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Infants (0-2)		
Children (2-12)		
Adults-Female		
Adults-Male		
Total Pax:		