

PERSONAL

SHUTTLE SERVICE CONTRACT

Date _____

Service date _____

Event _____

Contact _____

Person _____ Ph# _____ cell _____

Pick up time _____ how many stops?

Location _____

Return time _____

Estimated time _____ Estimated cost _____

(\$75 1st hr/\$50 per hr.)

Non-refundable \$50 deposit or 1/2 of estimated cost for 4 or more hours at time of contract signing. Initial _____

Signature _____

Signature _____

NOT RESPONSIBLE FOR LATENESS