

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 1<sup>st</sup> 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