## BLACKADAR BOATING, P.O. BOX 1170, SALMON, ID 83467

PHONE: (208) 756-3958 EMAIL: blackadarboating@custertel.net

## SHUTTLE INFORMATION AND RELEASE AGREEMENT

Please fill out completely and return with your keys and payment at least 30 days prior to your shuttle. Keys sent through the mail <u>need to be in a padded envelope</u>: **Keys have trouble in regular envelopes!** Please call before you launch to insure that your vehicle key(s) was (were) received.

Name	Daytime Phone # Cell Phone #			
Address				
City	State River. I will need			
I will be floating the				
Pick-up my vehicle(s) at		on (date)		
Deliver my vehicle(s) to		on (date)		
Vehicle(s) description including: make your vehicle has.	e, model, color, licer	nse plate number a	nd state, plu	s any quirks
VEHICLE DESCRIPTION(S)		SHUTTLE FEE	FUEL DEP	TOTAL
1				
2				
3				
4				
5				
				TAL
PAYMENT: Cash Visa	MasterCard	Discover	_ Check N	umber
CARD NUMBER		EXP DATE		
3-DIGIT SECURITY CODE (on back	of card)			
I HEREBY STATE THAT MY VEHI COVERS DRIVERS BLACKADAR I SAID VEHICLE(S).				
SICMATUDE				