

**BLACKADAR BOATING, INC.**

PO BOX 1170  
10 BLACKADAR LN  
SALMON, ID 83467

**PHONE:** 208-756-3958

**EMAIL:** [blackadarboating1978@gmail.com](mailto:blackadarboating1978@gmail.com)

**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 thought the mail **NEED TO BE IN A PADDED ENVELOPE.** (Keys have trouble in regular envelopes) Please call before you launch to ensure that your key(s) was (were) received.

Reservations must be made through phone and/or email, please complete this form **AFTER** you have made a reservation. (If this information was given at time of reservation, you do not need to complete- this form is not mandatory)

Name					
Group Name					
Address					
City		State		Zip	
Phone					
Email					

I will be floating the \_\_\_\_\_ river.

I will need \_\_\_\_\_ vehicle(s) shuttled

Pick-up my vehicle(s) at \_\_\_\_\_ on (date) \_\_\_\_\_

Deliver my vehicle(s) to \_\_\_\_\_ on (date) \_\_\_\_\_

YEAR	MAKE	MODEL	COLOR	LICENSE	STATE

Please arrange key placement over the phone/email.

Payment: Shuttle fees can be paid with cash/check/card. Fuel deposit must be in cash.

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

I hereby state that my vehicle(s) are properly insured and the insurance covers drivers Blackadar Boating may use for the purpose of shuttling said vehicle(s).

Signature: \_\_\_\_\_