



Reservation Form - "Going beyond your Expectations"

The Bus Reservation Form must be completed and signed by an Authorized Representative and faxed to the VCC Director at 601.630.2910 or emailed to VCCDirector@vicksburg.org. Once received and approved, the VCC Director will sign the form and fax or email back to the authorized representative confirming the bus reservation. The shuttle bus is for the purpose of providing transportation to and from events and tourist destinations for the clients at the Vicksburg Convention Center, for programs provided by the Senior Center, and tour events or special events sponsored by the Vicksburg Convention and Visitors Bureau. The bus is not to be utilized by private entities or for the benefit of private programs. Reservations will be filled on a first-come, first served basis and must be confirmed within 72 hours of making the reservation. If the reservation is not confirmed within three days, the reservation will be canceled. If the reservation form is not signed by the VCC Director, the reservation is not confirmed or scheduled. If the reservation is confirmed, all required deposits/payments must be received within 7 days. If a required deposit is not paid within 7 days of the confirmed reservation, the reservation will be canceled and the VCC Director shall notify the Authorized Representative.

SHUTTLE REQUEST CONTACT INFORMATION

Please "X" the appropriate category

The Senior Center Vicksburg Convention Center VCVB Main Street

City of Vicksburg

Date of Request: **07/22/2024**

Authorized Representative: **Marty White**

Date/s of inquiry: **November 13, 2024**

Name of Group: **Mississippi Public Health Association**


Number of attendees: **42** (minimum of 15 required)


TRIP INFO

Date of Trip	Time of Departure	Origin	Destination	Time of Return	Estimated Mileage
11/14/2024	5-5:30pm	VCC	Downtown tours	7:30pm	20miles
This section to be filled out by Driver					
	Beginning Mileage	Ending Mileage	Gallons used		

Est. # of hours	Driver Rate	Total
	\$150.00	\$0.00
Miles	Rate	Total
	0.575	\$0.00

Deposit due within 7 days of confirmation \$0.00


 Signature of Requester _____ Date _____


 Signature of VCC Executive Director _____ Date 11/13/24



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SHUTTLE REQUEST CONTACT INFORMATION

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The Senior Center Vicksburg Convention Center VCVB Main Street

City of Vicksburg

Date of Request: **11/12/2024**

Authorized Representative: **Mayor George Flaggs, Jr.**

Date/s of inquiry: **11/12/2024**

Name of Group: **The Caucus**

Number of attendees: **30** (minimum of 15 required)

TRIP INFO

Date of Trip	Time of Departure	Origin	Destination	Time of Return	Estimated Mileage
11/12/2024					
This section to be filled out by Driver					
	Beginning Mileage	Ending Mileage	Gallons used		

Est. # of hours	Driver Rate	Total
	\$150.00	\$0.00
Miles	Rate	Total
	0.575	\$0.00

Deposit due within 7 days of confirmation \$0.00

G. Flaggs
Signature of Requester

11/12/2024
Date

Donna Gray
Signature of VCC Executive Director

11/13/2024
Date