



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: **August 23, 2024**

Authorized Representative: **Marty White**

Date/s of inquiry: **November 21, 2024**

Name of Group: **MS Rural Health Association**


Number of attendees: **40** (minimum of 15 required)

TRIP INFO


| Date of Trip | Time of Departure | Origin | Destination | Time of Return | Estimated Mileage |
|---|-------------------|----------------|--------------|----------------|-------------------|
| 11/21/2024 | 5:00pm | VCC | Downtown | 7:00pm | 10 Miles |
| | | | | | |
| | | | | | |
| 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

 8/21/24

Signature of Requester Date

 9/16/24

Signature of VCC Executive Director Date