



Medicine Hat Valet Parking Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

Company/Individual Information (For Personal Requests enter 'Private' in Company Name)

Company Name:	Address:
City:	Postal Code:
Contact Name:	Phone #:
Fax #:	E-mail:

Valet Parking Service Information

Date of Service Required (include the day of the week):	
Address the Valet Parking is required at:	
Start Time of the Service:	Completion Time of the Service:
# of Valet Parking Service Providers Required:	Shuttle Vehicle Required:
Special Requests or Comments:	

Rate: \$30.00 / Hour (GST Included). Minimum Charge - 2 Hours / Valet Parking Provider

Shuttle Vehicle Rate is dependent on the size of vehicle required. Call or e-mail Keys Please® for rate.

NOTE: Valet Parking Providers required outside of city limits will have a minimum one (1) hour travel time charged. Do not include this in your required time for the Valet Parking Provider Service.

Terms and Conditions:

- I understand there are NO refunds on cancellations.
- I understand the service is prepaid on the Credit Card supplied for the original hours I have requested.
- I further agree to pay any additional charges incurred for authorized extended time requested.

I, _____ have read, understand and agree to the above.

Signature: _____ Date: _____

Credit Card Information

Card Number:	Expiry Date:
Cardholder Name (print):	CCV Code:
Cardholder Signature:	

Office Use:

Processed By _____ Date _____ Confirmation # _____