

Calgary Valet Parking Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

Company/Individual Information (F	or Personal Requests enter 'Priva	ate' in Company Name)	
Company Name:	Address:		
City:	Postal Co	ode:	
Contact Name:	Phone #:	:	
Fax #:	E-mail:		
Valet Parking Service Information			
Date of Service Required (include th	ne day of the week):		
Address the Valet Parking is require	d at:		
Start Time of the Service:	Complet	ion Time of the Service:	
# of Valet Parking Service Providers	Required: Shuttle D	Shuttle Driver & Vehicle Required:	
Special Requests or Comments:			
and from the function or a flat rate Valet Parking Provider Service. Terms and Conditions: I understand there are NO in the service is provided in the service in the service in the service is provided in the service in the service in the service is provided in the service in the service in the service is provided in the service in the servic	of ½ hour, whichever is greater. [refunds on cancellations. prepaid on the Credit Card supplie dditional charges incurred for aut	Travel time charged is the actual time to travel to Do not include this in your required time for the ed for the original hours I have requested. Chorized extended time requested.	
Signature:	Date:		
Credit Card Information			
Card Number:		Expiry Date:	
Cardholder Name (print):		CCV Code:	
Cardholder Signature:			
Office Use: Processed By	Date	Confirmation #	