## **2018 RENTAL RESERVATION FORM**

ALASKA			Taken by:			Date:			
CITY:			 「E:		ZIP:		_		
		CELL:			EMAIL:				
PAYMENT INFO:									
(VISA/MC) CC#:_					EXP DATE:		cv:		
					BILLING ZIP:_				
ENTERED ON CA	LENDAR BY:	DATI	E:						
		RENTALS OVER 7 L	DAYS RECEIVE	A 10% DISC	OUNT				
DEP DATE/RETURN		BOAT TYPE	# OF BOATS	PRICING	# DAYS	TOTAL	DESTINAT	<u>ION</u>	
		LION 18' or 16' TRIB S/B		\$150.00					i
		NRS/LION 16'OR 18' LEO		\$125.00			COOLERS	YES/NO	
		15' OTTER S/B		\$125.00			PFD'S	<u>Size</u>	PAD SUIT
		14' OTTER S/B		\$100.00			Infant		_
		TRAVELER/SOAR PRO-P		\$75.00			<u>KIDS</u>		•
		ROWING SYSTEM FOR CANOES		\$25.00			<u>SM</u>		1
		SUPER LYNX		\$75.00			MD		
		OUTFITTER 2/BAKRAFT		\$75.00			LG		
		WATERMASTER		\$75.00			XL		
		PADDLE BOARD		\$65.00			XXL		
		PAC RAFT		\$55.00			TOTAL		
								V56 (NO	
		HOBIE W TRIALER 1 BOAT		\$250			FLY OUT	YES/NO	
		HOBIE W TRALER 2 BOATS		\$350			AIR TAXI		
		INFLATABLE DRIFT BOAT ON TRAILER		\$250.00				<u> </u>	
		_					Flight Tim		
		ASSEMBLY CAT/RAFT		\$150/\$75			P/U DATE		
		BREAKDOWN CAT/RAFT		\$50.00					
		EXCESSIVE CLEANING	120 per hour 1/2 hour minimum			ADDED SEATS			
		EXTRA SEATS/PFDS/PUMPS		\$20/Week			_		
		PADDLING SUITS		\$55.00			EXTRA PA	DDLES	
		TOTAL							
<b>EXTRA NOTES</b>									
***WE DO NOT P	ROVIDE RACKS AND W	/E DO NOT TIE DOWN YOUR RENT	ALS, IT IS YOU	R RESPONSIBI	ILITY TO MAKE S	URE YOU H	AVE A SAFE N	METHOD TO T	RANSPORT ***
**DUE TO ABS	ENCE AT RENTAL E	VALUATION, I AGREE TO NO	T DISPUTE A	ANY DAMAG	SES FOUND O	R LATE CH	ARGES ACC	CUMULATE	D.**
Custo	omer signature		Date:						
		up, of your package to the air taxi of rental fee is due at the time of							
•	· · · · · · · · · · · · · · · · · · ·	cancellation fee. If you cancel wi	•	•	•	•			
		ne following season, less a 25% ca Il lost, damaged, or stolen items a							
	•	when all items are returned and o	-						
		ception. Rentals are based on a 24							
return are subject	to a \$50 fee for addit	ional staff time. Late fees apply u	nless other ar	rangements h	ave been made.	WE ARE CL	OSED ON SUI	NDAYS.	
I have read and	understand the abo	ve. SIGNED:			DATE:				
RESERVATION D	EPOSIT 50% DOWN:		BALANCE D	UE 30 DAYS I	PRIOR TO DEPA	ARTURE:			
TOTAL IF PAID IN	N FULL:		•						-
		Cust. Int / Staff Int		Cust	. Int / Staff Int			_	
		DATE/TIME:							