

## **Clark University Transportation Request**

Please complete this Transportation Request Form and email to



ljemilo@valetparkofamerica.com

***All transportation requests re We will try to accommodate any	equire 2 weeks' notice. requests made.	To ensure availability plea	se book as soon as possible.
Dept. Requesting		Contact Name	
Phone #			
Email			
Date(s) of Requested Service (M.			Overnight Yes / No
(1) Pickup Location:		(3) Time of Return from drop-off location:	
Address:			
Pickup Time:			
(2) Drop-off Location:		(4) Drop off Time from pickup location:	
Address:			
Special Instructions or Addition	onal Locations: Please	be specific – use separate	sheet if necessary
		time to/from homebase for	r all requests)
Vehicle Size (14-passenger and/o	or 25-passenger)		
Cost of Service			
Please note a three-hour minimum vehicle is returned to the terminal. apply, per vehicle.	Transportation cancellation		, a 3-hour minimum charge will
Payment options:			
Credit Card (see form a	attached to email)		
Clark University PO (p	,	eserve service)	
, ,		) days of the invoice date	

If you need assistance, please contact Valet Park of America, Events Department 413-827-8916 ext. 404