

Beacon College Airport Shuttle Reservation Form

Please return this completed reservation form to the Transportation Office

I have read the above information and agree to the terms. If I miss the bus due to my own fault, I agree that I am responsible for locating alternate transportation and I agree that there is no refund from Beacon College. I agree to handle my own luggage. I agree to escort myself to the gate or ticket counter. I agree to limit my bags to a minimum. I agree to be on time. I agree to contact the transportation office, Eric Johnston at 352-638-9784 if any problems with the flight times occur. Reservations will only be made after fees have been collected. I understand that Beacon College cannot provide a make-up shuttle trip.

Fees:

One Way trip is \$50.00.

A discounted rate of \$45.00 each way if booking round trip, totaling \$90.00.

Please make checks payable to Beacon College or call 352-638-9784 to pay via Credit Card.

Please complete and return this form to the Transportation office, located in the I.T./Campus Safety Building:

118 West Meadow Street, Leesburg Fl. 34748 or e-mail to: ejohnston@beaconcollege.edu

Time and date of reserved shuttle (departing) ***Time*** _____ ***Date*** ____/____/____

Name of Departing Airline _____

Time and date of reserved shuttle (returning) ***Time*** _____ ***Date*** ____/____/____

Name of Arriving Airline _____

Print Students Name: _____

Student Telephone Number: _____ - _____ - _____

Apartment Complex _____

Student Signature: _____ ***Date:*** _____

****Please contact the Transportation Office directly if a wheelchair accessible vehicle is required.***

-----**Below to be completed by staff only**-----

Amount Collected _____ **Date Collected** _____ **By:** _____