



Rafting & Jeep Trail Tours

50 Animas View Dr., Durango, CO 81301
Phone: 970-247-4789 ~ Fax: 970-382-0545
www.Mild2WildRafting.com

Shuttle Information Form

Group coordinator: _____

Owner of vehicles: _____

of total vehicles : _____

Email Address: _____

Car 1: make, model, year: _____

License plate#: _____

Alarm Y/N, info: _____

Keys to be left where? : _____

Phone #: _____

Cell#: _____

Car 2: make, model, year: _____

License plate#: _____

Alarm Y/N, info: _____

Keys to be left where?: _____

Car 3: make, model, year: _____

License plate#: _____

Alarm Y/N, info: _____

Keys to be left where?: _____

Please write additional vehicles on separate paper.
Fax this sheet (and additional sheets) to 970-382-0545

Cancellation Policy: In order to receive an 85% refund, a written notice of cancellation must be submitted no later than 14-days before scheduled departure.

I hereby agree to the terms of this contract and assure that the vehicle has liability insurance.

Insurance Carrier: _____

Signature: _____

Date: _____

Emergency Contact: (person not on trip)

Name: _____

Phone: _____

Rates and Important Info:

Please Read and Initial

1. Hwy 60 to 288 - \$150 first vehicle, \$99 thereafter

- ☐ All vehicles must be left with enough gas to travel 100 miles. Tribal store and gas station are no longer open.
- ☐ Fax one copy of this sheet to our office and take one copy to the river to leave with keys.
- ☐ Please meet daily manager at our parking lot at 9:30am. The lot is on the Salt River Access Road (200 yards from Hwy turn-off on right). Look for Mild to Wild Rafting signs. Alternate meeting point is second camp (3 miles down Salt River access rd.) at 12 o'clock or most evenings.
- ☐ If you can't meet us personally, put all keys and contract forms into the drop box at the top parking lot.
- ☐ I agree that the vehicles are in sound operating condition. Each driver must complete and sign insurance/waiver agreement form.

☐ ****Date & time of put in and takeout ****

Put in: _____

Takeout: _____

*The vehicle will be at take out when you arrive, but not necessarily delivered that day.

☐ **Payment Info – Credit card#**

_____-_____-_____-_____

Expiration date: ____/____

Name as appears on card: _____

Billing Address for card:

Street: _____

City: _____ State: _____

Zip: _____

**** PLEASE BRING THIS SHEET WITH YOU TO THE PUT-IN AND GIVE TO GUIDES.**

If guides are not available, slip paper into the drop slot with your keys. Please blacken out your credit card information before submitting to guides /drop box.