OUT OF TOWN SHUTTLE SCHEDULE OF SERVICE

(Operating Schedule is in accordance with Section 7)

minimum of four (4) DAILY round trips

COMPANY NAME:_____

Service Zone: _____ No. of Vehicle's: _____

DEPART SERVICE ZONE	FIRST SIDE COMMERCIAL LANE		SECOND SIDE COMMERCIAL LANE		THIRD SIDE COMMERCIAL LANE		ARRIVE SERVICE ZONE
	ARRIVAL	*DEPARTURE*	*ARRIVAL*	*DEPARTURE*	*ARRIVAL*	*DEPARTURE*	

Owner/Manager Signature Date

Approved By Date