

PARK & GO PARKING / STORAGE REGISTRATION FORM

First Name:	Last Name:
Phone#:	<u> </u>
Vehicle Make / Model / Colour:	
Vehicle Year:	License Plate (Optional):
Today's Date:	Pick Up Date:
Do you require the Park & Go Shuttle Se	rvice? YES / NO Number of People:
Travelling to? Nanaimo / Victoria	/ Other
Daily Rate: Number of [Days: Total Amount:
Repeat Customer? YES / NO	
Disclaimer:	
Vehicles Parked here are done so at Veh	Damage or Theft to Vehicles or Vehicle Contents. icle owner's risk. aimer and that I am freely and voluntarily signing it.
Vehicle Owner Name:	Date:
Vehicle Owner Signature:	