



OLD TOWN TROLLEY TOURS

of St. Augustine

167 San Marco Avenue

St. Augustine, FL 32084

904-829-3800 - Fax: 904-829-6678

e-mail: kburnett@historictours.com

Date

Date of Charter 6/1/2017

Date Confirmed



Contract No: 28081

A SIGNED CONTRACT IS REQUIRED TO CONFIRM ALL CHARTERS

Date of Charter Thu, Jun 01, 2017

GROUP

Name of Group Association of Florida Colleges

Address 1725 Mahan Drive  
Tallahassee, FL 32308

City Tallahassee State FL Zip 32308 email Doug@DougRyanconsulting.com

Tel. 850-528-2981 Fax \_\_\_\_\_ Attn: Doug Ryan Activity Date 05/23/17

RATES

2 hours x \$275.00 /hour = \$550.00 First hour and additional hourly rates may vary.

25 adult passengers x \_\_\_\_\_ adult = \$0.00

child passengers x \_\_\_\_\_ child = \_\_\_\_\_

teacher escort x \_\_\_\_\_ teacher = \_\_\_\_\_

Ghost \$ total = \_\_\_\_\_

discount applied \_\_\_\_\_

Gratuity = \_\_\_\_\_

Late & Other Surcharges = \_\_\_\_\_

Total due = \$550.00

Payments made = \_\_\_\_\_

Balance due = \$550.00

Method of Payment Waiting for Credit card

CHARTER ONLY

# of passengers 25 Source New Group # of Conductors \_\_\_\_\_

Special instructions \_\_\_\_\_

Pick Up Time	Boarding Location	Destination/Drop Off	Conductor
4pm	Casa Monica	Distillery	
	shuttle		
6:00pm	Distillery	Casa Monica	
	shuttle		

Attractions included in Tour

Thank you for booking your charter with us To confirm your reservation, the following is required: 1)A deposit of \$100.00 2)A signed copy of the contract returned to our office. If your itinerary includes a tour of the Castillo de San Marco and you cancel or change your tour date, a \$10 charge per fort reservation time slot will be charged. By signing this Charter Contract, you acknowledge that you have received, read, understand and agree to all of the Terms and Conditions of this Charter Contract and that all of these Terms and Conditions are incorporated into this Charter Contract. Hourly rates charged at full hours ONLY, not in increments. Any requested changes outside the contracted services are subject to company approval. Under no circumstances is alcohol allowed on vehicles.

Accept the above items

Kathy Carlson  
Charter Representative

05/04/17  
Date of Signature

[Signature]  
Charter Client Representative

5/24/17  
Date of Signature



# Credit Card Authorization Form

Date: 5/25/17  
To: Kathy Burnett

I hereby authorize you to debit my credit card.

Card Type:  MC/Visa  AMEX  Discover

Cardholder Name: Eileen  
Card Number: 4339 9312 3567 0692  
Expiration Date: 06/21

Authorize Signature: Eileen Johns

The following charge will appear on your statement as:

Company Name: Old Town Trolley Tours of St. Augustine  
Company Address: 167 San Marco Avenue  
St. Augustine, FL 32084  
Company Phone #: 904-829-3800

