

Community First New Forest

Community Transport Regular Booking Form 2010

Name of organisation: _____

Community First Membership No: _____

Contact Person for booking: _____

Telephone No: _____

E-mail: _____

Person for invoicing: _____

Invoicing address: _____

Telephone No: _____

E-mail: _____

Designated Driver: _____ MIDAS No: _____

Tel No: _____ Mobile: _____

Designated Driver: _____ MIDAS No: _____

Tel No: _____ Mobile: _____

Designated Assistant: _____ Tel No: _____

Designated Assistant: _____ Tel No: _____

(Please list all potential drivers and assistants – continue overleaf if necessary)

Passenger List Holder: _____ Tel No: _____

Hiring Costs* Day Rate / Mileage Rate (Please delete as required)

Booking Details

Vehicle requested* _____

Destination: _____

Estimated number of passengers _____ Is a Tail-lift required? Yes / No

Number of wheelchairs to be transported: Electric _____ Manual _____ Scooters _____

