

# Community First New Forest

## Community Transport Regular Booking Form 2012

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 \_\_\_\_\_

