

Community First **New Forest**

...building relationships, enabling action!

Community Transport Single Trip Booking Form 2009

Name of organisation: _____

Community First Membership No: _____

Contact Person for booking: _____

Telephone Nr: _____

E-mail address: _____

Person for Invoicing: _____

Invoicing address: _____

Telephone No: _____ E-Mail: _____

Designated Driver: _____ MiDAS No: _____

Tel Nr: _____ Mobile _____

Designated Assistant: _____ Tel Nr: _____

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

Passenger List Holder: _____ Tel Nr: _____

Booking Details.

Date : _____ Destination: _____

Pick up time: _____ Return time: _____

Vehicle requested* _____

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

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

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

We have read and agree to the Terms and Conditions of Hire*

We confirm that we are members of Community First, New Forest and understand that we must only use MiDAS approved drivers. There must be no commercial activity associated with the hire.

Signed by responsible officer _____ Date _____

*See separate sheets for details of hire rates, vehicles and Terms and Conditions of Hire