

# Community First New Forest

## Community Transport Single Trip Booking Form 2010

Name of organisation: \_\_\_\_\_

Community First Membership No: \_\_\_\_\_

Contact Person for booking: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Person for invoicing: \_\_\_\_\_

Invoicing address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Designated Driver: \_\_\_\_\_ MiDAS No: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Designated Assistant: \_\_\_\_\_ Tel No: \_\_\_\_\_  
(Please list ALL potential drivers and assistants – continue overleaf if necessary)

Passenger List Holder: \_\_\_\_\_ Tel No: \_\_\_\_\_

### 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*