

Community First New Forest

...building relationships, enabling action!

Community Transport Regular Booking Form 2009

Name of organisation: _____

Community First Membership No: _____

Contact Person for booking: _____

Telephone No/Fax: _____

E-Mail: _____

Person for Invoicing: _____

Invoicing address: _____

Telephone No/Fax: _____

E-Mail: _____

Designated Driver: _____ MiDAS Nr: _____

Tel Nr. _____ Mobile _____

Designated Driver: _____ MiDAS Nr: _____

Tel Nr: _____ Mobile _____

Designated Assistant: _____ Tel Nr: _____

Designated Assistant: _____ Tel Nr: _____

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

Passenger List Holder _____ Telephone No: _____

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

P.T.O.

