Weardale Community Transport

Tel: 01388 528777 | Email: office@the-wcp.org.uk

BOOKING FORM

Name

ORGANISATION DETAILS

Address					
Telephone number					
DETAILS OF TRANSPORT F	REQUIRED				
Day and date of outing	<u> </u>				
Transport from (pick up point)					
Transport to (destination)					
Time of arrival at destination					
Time of departure (return journey)					
Any disabilities (please detail special requirements overle	eaf)			_	
Number of wheelchair spaces rec	quired				
Any other comments					
Please note: It is the responsibility of the organ Weardale Community Transport I please refrain from either. The dri	nas a no smoki	ng, and no ca	rriage of alc	ohol policy. T	herefo

this policy will result in cancellation of membership and, potentially, the right to travel. Volunteer expenses @ £10.00, will be charged where travel is under 20 miles radius of where the vehicle starts. All amendments to agreed transport arrangements are to be directed to the Transport

Signature...... Date.....

Driver (Tel: 01388 528777 - e-mail office@the-wcp.org.uk

Please return this form to:

Weardale Community Transport, Weardale Hub, 85b Front Street, Stanhope, Bishop Auckland, Co Durham, DL13 2UB

You will be informed by telephone if the co-ordinator is unable to make this booking, so please assume that a driver and vehicle will arrive at the appointed time. All passengers are to wear seatbelt at all times. This is non-negotiable and the driver will only drive if all passengers wear seatbelts (the only exemption being made for anyone with a medical certificate)

FOR OFFICE USE ONLY

Date received

Reference number

Vehicle available

Driver available