

VILLAGE NETWORKS COMMUNITY MINIBUS

TRIP ENQUIRY FORM

Please consult us as soon as you are considering a trip so we can check availability and book trips, as our diary does fill up very quickly. Our 17-seater minibus (16 passengers plus 1 driver) has a low level step for ease of access but it does not have a ramp/lift for disabled access, or space for wheelchairs. Storage room and space for equipment is very limited.

Please use BLOCK CAPITALS and when completed email this form as an attachment to villagenetworks@snvb.org.uk or post to the Village Networks address (below). We will check availability and reply accordingly with a hire cost quotation for you to confirm.

NAME OF ORGANISATION

	Group Membership Ref No.
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CONTACTS

Booking	Invoicing	Lead Passenger <u>(must be travelling)</u>
Name:	Name:	Name:
Tel:	Tel:	Tel:
Email:	Email:	Mobile: <i>[essential]</i>

TRIP DETAILS

One-off trip Repeat or multiple trips If repeat or multiple trips, please use continuation sheet below

Date of trip Estimated number of passengers

Collection point *	Full address:	Time:
	Postcode:	
Destination *	Full address:	Duration:
	Postcode:	
	Time leaving destination:	
Return point *	Full address:	Time:
	Postcode:	

* If multiple collection points, destinations or drop off points, please use continuation sheet below.

We have read and agree to the operator's Terms & Conditions of Minibus Hire (please tick) and we confirm that our group is a member of the Village Networks Community Minibus scheme. There is no commercial activity associated with the hire.

Name: _____ Signed: _____
Position: _____ Date: _____

Village Networks Community Minibus is managed and operated by snvb: a registered charity 1104848 and company limited by guarantee 5068116. snvb maintains a Data Protection Policy and your information will not be passed to third parties without your permission. The Policy is available on the snvb website www.snvb.org.uk Registered address: Village Networks, snvb, Towcester Volunteer Centre, 4 Whittons Lane, Towcester, NN12 6YZ.

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REPEAT or MULTIPLE TRIPS – continuation sheet

Please use BLOCK CAPITALS

DATE	DAY OF THE WEEK	PICK UP TIME	NAME & ADDRESS (if applicable)	RETURN TIME (est.)