**Market Weighton Scout Group Minibus**

**Booking Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Group or Organisation Details** | | | | |
| Name of Group or Organisation |  | | | |
| Name of Person making Booking |  | | | |
| Address |  | | | |
| Postcode |  | | | |
| Tel No (Day) |  | | | |
| Tel No (Eve) |  | | | |
| Mobile No |  | | | |
| E-mail Address |  | | | |
| **Details of Dates & Times Required** | | | | |
| Collection Date & Time |  | | | |
| Return Date & Time |  | | | |
| Number of Minibuses required? | ONE |  | TWO |  |
| **Name of Primary Driver & Additional Drivers** | | | | |
| *(All Drivers must complete a ‘Driver Registration Form’ to be able to drive)* | | | | |
| Primary Driver Name Minibus ONE |  | | | |
| Additional Driver Name |  | | | |
| Primary Driver Name Minibus TWO |  | | | |
| Additional Driver Name |  | | | |
| **Person to contact in the event of an Emergency** | | | | |
| Name |  | | | |
| Tel No (Day) |  | | | |
| Tel No (Eve) |  | | | |
| Mobile No |  | | | |
| **Organisational Status** | | | | |
| Your organisation if required to MUST hold a valid Section 19 Permit.  Please supply a copy with this application.  If you are unsure if you require one, then please contact us prior to making a booking. | | | | |
| Our organisation agrees to abide by the terms and conditions as set out in the Market Weighton Scout Group Minibus User Policy, and we understand that any breach of these conditions may result in request for future use being refused. We consent to Market Weighton Scout Group holding the above information about our organisation. | | | | |
| **Signed** |  | | | |
| **Name** |  | | | |
| **Date** |  | | | |

Please return completed form to: [mwscouts@btinternet.com](mailto:mwscouts@btinternet.com)

or by post to 10 Cliffe Road, Market Weighton, York, YO43 3BN