

VEHICLE BOOKING FORM

(BLOCK CAPITALS PLEASE)

NAME OF CLUB/SOCIETY: _____

NAME OF PERSON MAKING BOOKING: _____

POSITION IN CLUB/SOCIETY: _____

MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

DAY	DATE	TIME	NUMBER OF PASSENGERS*	DESTINATION
START:	_____	_____	_____	_____
FINISH:	_____	_____	_____	_____

*** A TRIP FORM AND JOURNEY PLAN MUST ALSO BE COMPLETED AND RETURNED BEFORE THE DATE OF THE TRIP**

NAME(S) OF REGISTERED DRIVER(S): _____

SIGNATURE: _____ DATE: _____
(Registered Captain/Chairperson or Treasurer)

CONFIRMATION To be completed by the Activities Development Officer.

Please keep this portion to show the Receptionist/Duty Officer if required.

NB Wherever possible the date(s) requested will be reserved. On certain occasions however (sometimes at short notice) this may not be possible. Notice of such changes will be given.

TO: _____

THE FOLLOWING BOOKING HAS BEEN CONFIRMED:

FROM: _____ TO: _____

VEHICLE ASSIGNED: _____

Pick up keys and logbook from _____ at _____ on _____

Drop off keys and logbook to _____ at _____ on _____

BOOKING CHARGE: £ _____ PLUS CONGESTION CHARGE FEE: £ _____
BALANCE TO BE DEDUCTED FROM GRANT/SELF-RAISED FUNDS

TOTAL £ _____ RECEIVED ☐

RECEIPT NO:

SIGNATURE: _____ DATE: _____