

COMMUNITY BUS APPLICATION & USER AGREEMENT

NAME OF USER (PERSON/GROUP) _____
 CONTACT PHONE NUMBER _____

NAME OF DESIGNATED DRIVER _____
 CONTACT PHONE NUMBER _____

DATE/S THE BUS IS REQUIRED _____ to _____
 TIME/S REQUIRED _____ to _____

DESTINATION/ PURPOSE OF JOURNEY _____

ESTIMATED NUMBER OF PASSENGERS _____

I hereby undertake that I have read the Community Bus Terms and Conditions of Hire and agree to abide by them as stated.

USER'S SIGNATURE: _____

DRIVER'S SIGNATURE: _____

Date ____/____/____

Date ____/____/____

ACCOUNT TO BE POSTED TO:-

Name _____
 Position/Organisation _____
 Address _____
 Postcode _____
 Email Address _____

Rate \$1 per km (inc GST)
 Deposit Paid YES \$ _____ NO

- Please note - Deposit to come off total cost

Kms in _____ Kms out _____ Total Kms _____

\$10 Refuelling Fee YES NO
 Cleaning Fee YES NO \$ _____
 TOTAL COST \$ _____ - _____

Payment for use of the Community Bus payable by cash or cheque made out to "Harrow Bush Nursing Centre Inc."