Town of Woodstock **Community Van Rental Application- 15 (14 Passenger)**

BILLING INFORMATION:			
Full Name:			
Organization/ Group Name (if applica	ıble):		
Mailing address:			
Phone #			
Email:			
Date requested:	······		ck up:
Time of pick up at location:		Estimated load in time:	
Location of destination:		Arrival time a	t destination:
I am offering a transportation route:	YES orNO	Estimated KM	
If yes, details must be provided on			·
exact stops & times:		···•	
Departure time from destination:		Time of returi	n to AMC:
Person in Charge on the Van:			Cell Phone#:
In the event of an emergency contact per	son is:		Phone #:
_			•
List of passengers:			
Name of Passenger			*
If a booster seat is required for child, ple	ase indicate with a star l	by name	
1.			
2.			
3.			
4. 5.			
6.			
7			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
DRIVER Hired by TOW:			
			dren in their vehicle are properly secured in a ch ntimetres (57 inches) in height. When these crite.
			occupying and properly secured in a child restra
	hild at that time. <u>NO CHILD</u>	UNDER 40 LBS in w	eight can travel in van. *Renter is responsible
putting children in booster seat.			
SIGNATURE:		DATE:	
**In order to secure your hooking	this form MUST he compl	eted in full & return	ned to <u>info@town.woodstock.nb.ca</u>
in order to secure your booking	ана јонн мозт ве сотр г	eteu iii juli a returi	ned to <u>info@town.woodstock.nb.cd</u>

Office USE only: **Booked Date:** Staff Signature: