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

BILLING INFORMATION:

Full N	lame:						
Full Name: Organization/ Group Name (if applicable):							
Mailing address:							
Phon							
Email							
EIIIdii							
	Data and a stand			1 1	'C-'I		
	Date requested:				Location of pick up: Estimated load in time:		
Time of pick up at location:				 			
Arrival time at destination:					Estimated KM's:		
Departure time from destination:				Time of van return to AMC:			
	n offering a transportation route:	YES o	rNO				
	es, details must be provided on ct stops & times:						
	Person in Charge on the Van:				Cell Phone Number:		
In t	he event of an emergency contact	t person i	s:		Phone #:		
i		-		i		.ii	
	List of passengers:			ı			
	Name				Require booster seat (Y/N)		
				*Rent	er is responsible for putting (children in booster seat	
1.							
2.							
3.							
4.							
5.							
6.							
7							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
	/ER Hired by AMC:						
seat un have b	elt Regulation (83-163) under the Motor Vehintil the child reaches: nine (9) years of age; 3 een met by the child, the driver will no longe. A seat belt only is required for the child at the SIGNATURE:	66 kilograms er be require hat time.	(79 lbs) in we ed to ensure to	ight; or 145 c hat the child i	entimetres (57 inches) in hei	ght. When these criteria cured in a child restraint	
**In order to secure your booking this form MUST be completed in full & returned to info@town.woodstock.nb.ca,							
	You will receive a confirmation via email		=	=		scock.no.cu,	
MC O	fice USE only: Booked Date:		Staff Signa	turo			

Updated: March 2021