

COMMUNITY BUS USE APPLICATION

Attention: Laverton Community Integrated Services
Location: 95-105 Railway Ave, Laverton VIC, 3028
Email: accounts@lcis.org.au

Please note: This form must be completed for each intended bus usage or multiple trips where all contact and travel locations are the same.

Transport Details

Group / Organisation Name: _____

Applicant Name (must be the President / Manager of Group): _____

Address: _____

Landline Contact No: _____ Mobile Contact No: _____

Type of transport the bus will be required for:

training / education social / club outing community event Other _____
(please describe activity)

How often would you require the bus? casual weekly monthly yearly

Please Note: To ensure equity for all user groups, the bus may only be booked up to 6 months in advance.

Name of person responsible for the care of the passengers whilst travelling in the bus: _____

Contact mobile number on the day:
(must be provided) _____

Number of passengers to be transported _____

Age group of passengers _____

Name of nominated Driver/s **(1)** _____ **(2)** _____

Please note all drivers must complete a driver application form and be approved by Laverton Community Integrated Services before hire.

I agree this information is true and correct and have read the Laverton Community Bus guidelines.

Applicant Signature: _____ **Date:** ____/____/____

Trip Details

Day: _____ Date: ____/____/____ Hire Times: (from) _____ (to) _____

Day: _____ Date: ____/____/____ Hire Times: (from) _____ (to) _____

Day: _____ Date: ____/____/____ Hire Times: (from) _____ (to) _____

Day: _____ Date: ____/____/____ Hire Times: (from) _____ (to) _____

Day: _____ Date: ____/____/____ Hire Times: (from) _____ (to) _____

Office use only:

Bond Paid: Amount: \$..... Date:/..../.....

Deposit Paid: Amount: \$..... Date:/..../..... Final payment due:/..../.....

Final payment paid: Amount: \$..... Date:/..../.....