



Request to Hire School/Community Mini Bus

School/Youth/Community Organisation:

Name of Contact:

Address:

.....

E-mail:

Tel:.....

Fax:

Hire Details: (please indicate your requirements by ticking the appropriate boxes)

I wish to book: New 14 seater Minibus with wheelchair access for 1

15 seater Minibus (existing Bowland school minibus)

Collection Date:..... Time of Collection:

Purpose of Visit:

Expected Mileage:

Return Date:..... Time of Return:

Drivers' Details:

Name of Driver:

All drivers must attach a copy of their current driving licence.

Hire Agreement:

I agree to the hire terms and conditions.
(Details can be found on our website www.bowland.lancsngfl.ac.uk)

Signed: Date:

BOWLAND HIGH ACADEMY TRUST HIRE ONLY: Paid from (Budget Account):