

MILTON SCOUT GROUP MINIBUS

GROUP MEMBERSHIP APPLICATION FORM (March 2012)

Please use BLOCK CAPITALS and answer ALL questions.

NAME OF ORGANISATION

ADDRESS

POST CODE:

Tel:

Fax:

e-mail:

NAME & ADDRESS TO WHICH INVOICES SHOULD BE SENT (if different from above)

POST CODE:

Tel:

Fax:

e-mail:

NAME & TEL. No. OF PERSON WE CAN CONTACT IN AN EMERGENCY

Name.....Tel:..... Mobile:.....

ORGANISATIONAL STATUS

Your organisation MUST hold a valid Section 19 Permit. Please supply a copy with this application.

DECLARATION

Our organisation agrees to abide by the terms and conditions as set out in the **MILTON SCOUT GROUP MINIBUS** Hire Policy (March 2012), and we understand that any breach of these conditions may result in request for future hiring being refused. We consent to Milton Scouts holding the above information about our organisation.

SIGNED:

NAME:

POSITION:

DATE: