

3.

## **HAVELOCK SCHOOL & COMMUNITY MINIBUS**

Group Name/Details							
Name							
Telephone							
Fax							
		Apr	proved Dr	iver/s Deta	ails		
Name				•			
Address							
Occupation							
Telephone				Mobile			
Licence #			Driver ha	as attended Defensive Driving Course?		Yes	No
Name							
Address							
Occupation							
·				Mobile			
Licence #			Driver ha	s attended D	efensive Driving Course?	Yes	No
			Usage	Details			
Time and Date of Collection							
Time and Date of Return							
Purpose of Trip							
Number of Passengers							
Destination							
Proposed Route							
I/We acknowled	lge that I/we h	have read & a	agreed to k	oe bound by	the Conditions of Use		
Person Responsible			Driver	/ <sub>S</sub>			
					physically checked in and hande	d over to	a

Your organisation will be responsible for any new damage while in your care.

DON'T FORGET TO FILL THE TANK WITH DIESEL AND CHECK OIL AND WATER!!!