**2nd Clevedon Scout Group Minibus**

**Organisation Application Form**

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| **Group or Organisation Details** | |
| Name of Group or Organisation |  |
| Address |  |
| Postcode |  |
| Tel No (Day) |  |
| Tel No (Eve) |  |
| Mobile No |  |
| E-mail Address |  |
| **Name & Address to which invoices should be sent** (if different from above) | |
|  |  |
| Name |  |
| Address |  |
| Postcode |  |
| Tel No |  |
| Mobile No |  |
| E-mail Address |  |
| **Person to contact in the event of an Emergency** | |
| Name |  |
| Tel No (Day) |  |
| Tel No (Eve) |  |
| Mobile No |  |
| **Organisational Status** | |
| Your organisation MUST hold a valid Section 19 Permit. Please supply a copy with this application. | |
| Our organisation agrees to abide by the terms and conditions as set out in the 2nd Clevedon Scout Group Minibus Hire Policy, and we understand that any breach of these conditions may result in request for future hiring being refused. We consent to 2nd Clevedon Scout Group holding the above information about our organisation. | |
| **Signed** |  |
| **Name** |  |
| **Date** |  |

Please return completed form to: [minibus@2ndclevedonscouts.org.uk](mailto:minibus@2ndclevedonscouts.org.uk)

or by post to 10 Madeira Road, Clevedon BS21 7TJ