



## Booking Form

**Job No.** (admin to assign)

*Please ensure that you are registered with our Program before submitting a booking with us.*

Passenger Details	
Name:	Mobile phone:
Address:	
Additional passengers name: <i>(if required)</i>	Phone:
Any specific assistance required: (e.g. mobility restrictions etc.):	

Appointment Details			
Date:	Pick-up time:	Start time:	Finish time:
Name of appointment location: <i>(Please attach any parking instructions)</i>			
Address:	Phone:	Email:	
Referring Doctor/Medical Centre <i>(if applicable)</i> :			

### Please note:

Transport is subject to availability of a suitable volunteer driver, we would appreciate advance bookings and if we are unable to fill your request, we will give you as much notice as possible.

### Contributions for service:

In order to sustain our program, members are encouraged to provide a contribution. Please discuss with the Coordinator if making the full contribution is a concern.

For trips up to 20km	\$10	For trips 101km – 200km	\$30
For trips over 20km up to 100km	\$15	For trips over 200km	\$35

***LRCTS requests that you check with your doctor about the effect of any medical conditions or medications that could impact your participation, as a passenger, in the program.***

***Driver are not responsible for monitoring your medical condition during the program.***

