EAST HULL COMMUNITY TRANSPORT

Unit D6C,
Chamberlain Business Centre,
Chamberlain Road,
HULL,
HU8 8HL

Group Travel Application Form

Tel. 719600 Fax No. 211922

Name of Organisation	
Address	**Tel** **Fax** **E-Mail**
Organisational Status: (Please circle one) **1. Community/Voluntary Group** **2. Statutory Body** **3. Limited by Guarantee/Charity** **4.Benevolent Organisation** **N.B. Our hire Provisions are conditional upon groups being non-profit making.**	
Registered Charity Number: (if applicable)	
Please state the principle aim of the group	
The members of our group fall into the category below **Senior citizens, Disabled, Educational, Community in General, Children,** **Recreational, Religious, Vocational, Youth, Special Needs, Social Inclusion.** **Other……..** **(Please circle as many categories that fit your organisations remit).**	
DECLARATION: **The above organisation agrees to abide by the terms and conditions as set out by East Hull Community Transport. We agree to our information being held on file under the Data Protection Act.** **Name:** **Position** **Signature** **Date**	