Mendip SLINKY
Registration Form

Title _____

Surname _____ First Name _____

Address _____

_____

_____ Post Code _____

Phone _____ Alternative Phone _____

Date of Birth _____

English National Concessionary Travel Scheme Bus pass or
County Ticket number _____

Are you registered disabled? Yes No

Are you blind/partially sighted? Yes No

Would you have any of the following with you when travelling?

	Yes	No
Wheelchair		
Shopping Trolley		
Support Frame		
Pushchair		
Guide Dog		
Walking Stick		
Baby/Toddler		
Carer		

Please give the name and phone number of a friend or relative we can contact in the case of an emergency.

Name _____ Phone Number(s) _____

I apply to register with Mendip SLINKY and agree to abide by its conditions of registration and carriage.

Signature _____Date _____

Return Registration form to – Mendip Community Transport
Royal Bath and West Showground
Shepton Mallet
Somerset
BA4 6QN