

Mendip Dial-A-Ride Registration Form

Title _____

Surname _____ First Name _____

Address _____

Post Code _____

Phone _____ Alternative Phone _____

Date of Birth _____

County Ticket or
English National Concessionary Travel Scheme Bus pass 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 Dial-A-Ride 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