

REGISTRATION FORM

NAME:		
ADDRESS:		
TELEPHONE NUMB	ER:	
 I require to boar 	ed the vehicle by the side steps. Ed using the lift. Sitting in my wheelchair.	
• PLEASE DELETE	THE ABOVE AS APPROPRIATE.	
•	ou have any disability such as diabetes, confidential to the vehicle crews.	, epilepsy etc please declare below.
	OF KIN CONTACT INFORMATION The details of your next of kin or family.	
NAME	ADDRESS	TEL NO
DETAILS OF YOUR	GP IN CASE OF EMERGENCY	

Please return this form to the Office Administrator, Contact 88, Tozer Way, Chichester, West Sussex PO19 7LG $\,$ Telephone 01243 531988 $\,$