

Registration Form

All information you give us is confidential

Title Mr Mrs Ms Miss Other

Surname First Name

Address Date of Birth

Telephone

Post Code

Are you registered Disabled Yes No

Type of disability

Would you have any of the following when travelling (Please tick)

Wheelchair Zimmer Frame Guide Dog

Shopping Trolley Baby or Toddler Pushchair

Accompanied by an Escort Other (Please Specify Below)

Somerset County Council Bus Pass Number

Expiry Date

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

I apply to South Somerset C.A.T and agree to abide by its conditions of registration and carriage. I consent to SSCAT Bus using and retaining the personal data which I have provided on this form for the purposes of managing the bookings system.

Signature

Date

RING & RIDE SCHEME

Balsam Centre, Balsam Park, Wincanton BA9 9HP