



Bus Booking Request Form (*Private Use*)

TO BE COMPLETED BY APPLICANT - Booking Details	
Name of Applicant	
Church/Business	
Date/s required	
Times	Collection: _____ Drop off: _____
Location/ KMS	From: SPCC Port Stephens To: _____ Approx KM's: _____
	From: _____ To : SPCC Port Stephens Approx KM's: _____
Approximate round trip kilometers	

TO BE COMPLETED BY APPLICANT - Proposed Driver Details	
Driver Name	
Address	
License Number	
WWCC Details	Date of Birth: _____ WWCC Number: _____
<i>*Please attach a photo of Drivers licence to booking form for our records.</i>	

TO BE COMPLETED BY APPLICANT - Donation	
<i>Donations are welcome.</i>	
I would like to donate	\$ _____
Card Details	Name: _____ Card No: _____
	Exp: _____ CVC _____
I would like a copy of the receipt	Y / N _____ Email: _____

Donations can also be made by Bank deposit to:

St Philip's Christian College Port Stephens

BSB: 062 000

ACC: 169 366 51

Please reference 'Name of Applicant - Bus Booking Donation'

Applicant Signature

I agree to return the bus to St Philip's Christian College in a roadworthy and clean state. I understand I am responsible for any damage to the vehicle and will report any accident/incident to the College. The Driver is required to have zero alcohol consumption and no alcohol will be consumed on the bus. The College requires the bus to be refuelled on return.

Name:

Date:

Signed:

Please return this completed form to portstephens@spcc.nsw.edu.au for review and confirmation of booking.

TO BE COMPLETED BY COLLEGE	
Booking confirmed by	
Date Confirmed	
Other Notes	

