

INSURANCE EXTENSION REQUEST

Activity Group:

Contact Details

Leaders Name:

Drivers Name:

Permit : YES/NO

Email:

Telephone:

Hire Company Details

Name:

Email/Fax:

Telephone:

Trip Details

Location:

Date from:

Pick up time from: (hr) (mins)

Return date:

Time: (hr) (mins)

Vehicle Details

Registration:

Make and Model of Vehicle:

Engine Size:

Approximate value:

Number of seats:

Body type (eg minibus):

Year of manufacture:

Cost:

PLEASE RETURN TO THE BASE AT LEAST 2 DAYS PRIOR TO THE BOOKING