



# FAXED BOOKING REQUEST FORM

**PLEASE FAX THE COMPLETED FORM TO 780-496-1008**

BOOKING TYPE – Reservation \_\_\_\_\_ Group \_\_\_\_\_ (Please complete attached  
Cancel \_\_\_\_\_ form for Group Booking)

**CONTACT INFORMATION:**

Today's Date \_\_\_\_\_ Your Name \_\_\_\_\_

Your Phone Number \_\_\_\_\_ Your Fax Number \_\_\_\_\_

DATS Registrant Name \_\_\_\_\_ DATS ID# \_\_\_\_\_

Password (If Applicable) \_\_\_\_\_

(Circle one of these)

Trip Date \_\_\_\_\_ **NEW BOOKING/CANCEL** \_\_\_\_\_ **CHANGE EXISTING BOOKING** \_\_\_\_\_  
**Complete Part A only** **Please Complete Parts A & B**

Is there an Attendant \_\_\_\_\_ or Mandatory Attendant on this Trip? \_\_\_\_\_  
One way/Both ways (circle one of these)

**PART A** Mobility Equipment - Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, What Type \_\_\_\_\_

<u>EXACT PICK UP ADDRESS</u>	<u>EXACT DROP OFF ADDRESS</u>	<u>PICK UP TIME</u>
	TO	
THEN FROM	TO	
THEN FROM	TO	
THEN FROM	TO	

**PART B** Is there an Attendant \_\_\_\_\_ or Mandatory Attendant on this Trip? \_\_\_\_\_

Mobility Equipment - Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, What Type \_\_\_\_\_

<u>EXACT PICK UP ADDRESS</u>	<u>EXACT DROP OFF ADDRESS</u>	<u>PICK UP TIME</u>
	TO	
THEN FROM	TO	
THEN FROM	TO	
THEN FROM	TO	

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**TO BE COMPLETED BY DATS CUSTOMER CARE CENTRE STAFF**

Entered by \_\_\_\_\_ Confirmed by \_\_\_\_\_