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BUS PASS APPLICATION FORM 2018/2019 ACADEMIC YEAR

COACH SERVICE TO READING SCHOOL - Route 300B

(Please use CAPITAL LETTERS throughout)

STUDENT'S NAME:

First Name:	Surname:
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ADDRESS:

Postcode:

TELEPHONE NUMBER:

TELEPHONE NUMBER:	YEAR (ie, Yr7):
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EMAIL ADDRESS:

BOARDING POINT:

Stop No (AM):	Pick-up Location Description:	Route No: 300B
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USE A SEPARATE FORM FOR EACH STUDENT

Do you wish us to retain your details on our distribution list to send service information for the 2019/20 academic year? YES NO

Please supply 1 x ANNUAL PASS for **2018/2019** at **£1205.00** as I wish to pay for the full year in advance by cheque, card or BACS.

OR

Please supply 1 x ANNUAL PASS for **2018/2019** at **£1250.00** as I wish to pay in 8 instalments using the enclosed standing order.

I have read the enclosed leaflet, including the General Information, and agree to the Terms and Conditions.

PLEASE DO NOT FORGET 2 PHOTOGRAPHS ARE REQUIRED.

Signature: _____ Date: _____

Bank Details: SC 40-38-04 A/C 01254758

OFFICE USE ONLY

DATE RECEIVED:

SERVICE REF:

300B

BUS PASS REF:

PHOTO