DATS Booking Request Form - FAX

Please Fax the completed form to (780) 496-1008

Booking Type - Reservation _____ Cancellation _____
Group _____ (please also complete page 2)

Contact Information:

Today's Date:	Your Name:
Your Phone #:	Your Fax #:
DATS Registrant Name:	DATS ID#:
Password (If applicable):	

Is there an Escort _____ or Mandatory Attendant _____ One way/ Both ways (please circle one)
Mobility Equipment Yes, _____ No_____

Trip Date _____ New Booking/Cancel _____ Change Existing Booking _____
(Complete Part A only)   (Complete Parts A & B)

PART A

EXACT PICK UP ADDRESS	EXACT DROP OFF ADDRESS	PICK UP TIME
	to	
then from	to	
then from	to	
then from	to	
then from	to	

PART B

EXACT PICK UP ADDRESS	EXACT DROP OFF ADDRESS	PICK UP TIME
	to	
then from	to	
then from	to	
then from	to	
then from	to	

TO BE COMPLETED BY DATS CLIENT SERVICES CENTRE:
Entered by _____ Confirmed by _____

NOTE: We cannot guarantee everyone in your group will be on the same vehicle.

All trip information must be the same:

DATS ID#	Registrant Name	Password (If Applicable)	MA/Escort	Equipment	Return to Program	Return to Residence