



2 Acre Road, Reading, Berks, RG2 0SU Tel: 0118 923 9983 Fax: 0118 975 3515
 Email: buspasses@horsemancoaches.co.uk

BUS PASS APPLICATION FORM 2018/2019 ACADEMIC YEAR

COACH SERVICES TO THE ABBEY SCHOOL Routes 1, 2, 4, 6, 9 and 10

(Please use CAPITAL LETTERS throughout)

STUDENT'S NAME:	<small>First Name:</small>	<small>Surname:</small>
ADDRESS:		
	<small>Postcode:</small>	
TELEPHONE NUMBER:		<small>YEAR (ie, Yr7):</small>
EMAIL ADDRESS:		
BOARDING POINT:	<small>Stop No (AM):</small>	<small>Pick-up Location Description:</small>
		<small>Route No:</small>

USE A SEPARATE FORM FOR EACH STUDENT

<p style="color: red; margin: 0;">Do you wish us to retain your details on our distribution list to send service information for the 2019/20 academic year?</p>	<p style="text-align: center; margin: 0;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
---	---

Please supply 1 x ANNUAL PASS for **2018/2019** at **£1340.00** 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 **£1404.00** 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:
BUS PASS REF:
PHOTO