





## **BOOKING FORM**

Personal Information			PLEASE COMPLETE THE BOXES BELOW			
Full Name	(including Mr/	/Mrs/Miss)				
Date of Birth						
Weight and Height						
Address	(including Po	ost Code)				
Contact Telephone						
Email						
Disability / Mobility Issue / Accident						
Equipment Hire						
Item 1						
Item 2						
Dates Required (from / to)						
Holiday Information						
Arrival Date / Departure Date						
Flight numbers (arrival & departure)						
Accommodation Name & Resort						
How did you hear about us?			Internet /	Facebook	/ Recommendation / Hotel / F	Holiday Rep / Other
I have read and ac	cept the '	Mobility Hire	e Kos – B	ooking C	onditions' (PLEASE TICK)	
Print full name						
Signed						
Date						
		·				
For completion by MOB	ILITY HIRE KO	S				
DELIVERY DATE & TIME					HIRE COST	
EQUIPMENT REF. NUMBERS					DELIVERY / COLLECTION FEE	+
PHOTO I.D.	Y / N	PHOTOS TAKEN		Y/N	BOOKING DEPOSIT	-
INSTRUCTION GIVEN	Y / N	EQUIPMENT ADJUSTED		Y/N	BALANCE TO PAY	
EQUIPMENT CONDITIION - DELIVERY				1	SECURITY DEPOSIT	+
COLLECTION DATE & TIME				TOTAL TO PAY (on delivery)		
EQUIPMENT INSPECTION / [				SECURITY DEPOSIT RETURNED	Y / N	

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