

Confirmed Group Travel Request

☐ Preliminary Group Travel Request sent on date (dd, mm, yyyy)

- **Booking deadline:** No later than 10 working days in advance.
- *If transportation is requested for more than 15 people, please fill out a second form.*

Organization Identification

Organization Name:	
Activity Responsible Name:	
Responsible's Phone Number:	
Responsible's Cell Phone Number:	
Alternate Emergency Phone Number:	

List of Users to be Transported

N°	Name of Client	Service		Mobility Aids		
		TA	TC	Wheelchair	Walker	Cane
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUBMIT YOUR REQUEST

By email

- Save your completed request on your computer (Option "Save as..." in the "File" menu). The saved document on your computer will be your copy.
- Attach it to your email (insert file).
- Send your email to the following address: transport@mrcbm.qc.ca.

Confirmation

- A customer service agent will contact you as soon as the reservation is processed.

☐ I authorize the transmission of personal information to the MRC de Brome-Missisquoi. These data will be shared with carriers, organizations, and any other necessary entities for a specified duration. They will be used for transportation planning purposes. You have the right to access and correct this information by contacting us, as well as the option to revoke your consent at any time, although this may affect our service. Please refer to our Privacy Policy at this link: [MRC of Brome-Missisquoi's privacy policy \(French only\)](#)