

## **Preliminary Group Travel Request**

<ul> <li>□ Group Travel Request for a Specified Period</li> <li>□ Group Travel Request for a One-time Activity</li> <li>□ Approximate Number of Wheelchair Users</li> <li>□ Approximate Number of Users without Mobilit</li> <li>■ Booking deadline: No later than 1 month in ac</li> </ul>				
<ul> <li>All fields must be completed.</li> </ul>				
Organization Identification				
Organization Name: Activity Responsible Name:				
Responsibles's Phone Number:				
Responsible's Cell Phone Number:				
Alternate Emergency Phone Number:				
Activity Description				
Departure Address:	Civic Number	Street	Municipality	
Destination Address:	Civic Number	Street	Municipality  Municipality	
Requested Departure Time for Outbound Journey		011001	Tamepatrey	
Start Time of the Activity:				
Requested Departure Time for Return Journey:				
End Time of the Activity:				
Activity Recurrence				
Activity Date for Occasional (dd, mm, yyyy):				
Start and End Dates for a Specified Period:	Start (dd, mm, yyyy)	End (dd, mi	m, yyyy)	
Activity Days:	☐ Monday ☐ Wed	dnesday □ Friday	☐ Sunday	
Check the day(s)		□ Tuesday □ Thursday □ Saturday		
Planned Interruptions:  If yes, specify dates:	☐ Yes ☐ No			
SUBMIT YOUR REQUEST  By email  Save your completed request on your condocument on your computer will be your  Attach it to your email (insert file).  Send your email to the following addres	r copy.		nenu). The saved	
<ul><li>Confirmation</li><li>A customer service agent will contact yo</li></ul>	ou as soon as the res	ervation is processe	ed.	
☐ I authorize the transmission of personal info shared with carriers, organizations, and any o used for transportation planning purposes. Y contacting us, as well as the option to revo	other necessary entition of the right to the	ties for a specified to access and corre	duration. They will be ect this information by	

service. Please refer to our Privacy Policy at this link: MRC of Brome-Missisquoi's privacy policy (French only)