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“**SAFE, RELIABLE AND PERSONALIZED TRANSPORTATION FOR KIDS AS WELL AS CHILDREN WITH SPECIAL ABILITIES.”**

[www.kidsonwheels.ca](http://www.kidsonwheels.ca) **647-224-2879** info@kidsonwheels.ca

**APPLICATION FOR CHARTER SERVICES 2025**

|  |  |
| --- | --- |
| **Name and Address of School/Company/Organization/ Group you are Booking for.** |  |
| **Trip Date** | : |
| **Pick Up Location****Name and Address** |  |
| **Pick Up Time** |  |
| **Destination Location****Name and Address** |  |
| **Departure time from Destination**  |  |
| **Number of Passengers** |  |
| **Contact Name and Number**  |  |
| **Driver is allowed to use the 407 for this trip. You will be bill later for the fee.**  | * Yes
* No
 |
| **Office use only:****Confirmation Sent/Date** | **Invoice Sent/ Date** |

*Thank you for choosing Kids on Wheels for your Charter Needs*.