**Mates @ Maccas - Henderson**

**Transport form for Cerebral Palsy Society members aged 18 and over**

*Please note this form needs to be completed once, before a member of the Cerebral Palsy Society of New Zealand, aged 18 and over, attends Mates @ Maccas for the first time.*

**Please text Renata on 022 054 5009 to RSVP each month you are attending.**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

confirm that (please circle one):

1. I can drive myself to Mates @ Maccas
2. I will be using public transport to get to and from McDonalds
3. I have a support person attending with me who is also providing transport
4. Someone is dropping me off and picking me up
5. School taxi will drop me off and I will be picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. School taxi will drop me off and I will use public transport to get home
7. Other – please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your mobile # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to** [**cpsociety@cpsociety.org.nz**](mailto:cpsociety@cpsociety.org.nz) **before attending Mates @ Maccas for the first time.**