

Mobility Works Client Information

*Please complete and email to your Village Vacation Planner at Give Kids The World.
You will receive confirmation from GKTW once the van has been booked.*

Wish Child's First & Last Name: Click here to enter text. **Total # in Party:** Click here to enter text.

Arrival Date: Click here to enter text.

Arrival Time: Click here to enter text.

Airline: Click here to enter text.

Flight #: Click here to enter text.

Arrival Location: Click here to enter text.

Departure Date: Click here to enter text.

Departure Time: Click here to enter text.

Airline: Click here to enter text.

Flight #: Click here to enter text.

Departure Location: Click here to enter text.

Driver's First & Last Name: Click here to enter text.

License #: Click here to enter text.

Expiration: Click here to enter text.

Insurance Company: Click here to enter text.

Policy #: Click here to enter text.

Expiration: Click here to enter text.

Type of Wheelchair: Choose an item.

Wheelchair Width: Click here to enter text.

Wheelchair Length: Click here to enter text.

Height While Seated: Click here to enter text.

More than one wheelchair? If yes, provide above information for additional wheelchairs. Click here to enter text.

Preferred Van Type: **Full Size (8+1 wheelchair or 5+2 wheelchairs)**

 Mini Van (4+1 wheelchair)

Child Seats Needed?*: Choose an item. **Infant**

Choose an item. **Child**

Choose an item. **Booster**

GPS Requested?*: Choose an item.

Any other special requests/comments: Click here to enter text.

***Additional fees will apply.**