

CHURCH VEHICLE REQUEST FORM

This is a REQUEST. Once your request is approved and scheduled on the church calendar, you will be notified by email. Be sure to include your email contact.

Today's date:	Your name:			
Your contact information:				
Email:			Phone:	
Name of group requesting vehicle(s):				
Vehicle(s) requested: (Van is for	r 12 passengers or less;	Bus will seat 2	25 plus driver)	
Van: Y□ N□	Bus: Y □	N□		
Driver's name (van):(Minimum age is 21; co				
Driver's name (bus):(Minimum age is 21; mu	 ist have CDL license with	h P endorseme	nent, copy must be on file in church office)	
Date(s)/ Time(s) needed:				
Pick up date:	Time: Retu	rn date:	Time:	
Purpose of trip:				
Destination:				
(Include city & state if o	ut of town)			
Approx. round-trip mileage:				
	- ·	•	t out (please wash windshield). Keys and milea d in the drop box beside the church office fron	_
FOR OFFICE USE ONLY:				
Date Approved:		Date schedu	uled on calendar:	
Date contact notified:	-			
Cancelled by:		Date of canc	cellation:	