

Second Baptist Church Vehicle Request Form

Today's Date: _____

Ministry/Member requesting: _____

Person Responsible for vehicle _____

Cell Phone _____

Home Phone: _____

Date of trip _____

Number attending _____

Destination _____

Location _____

Purpose of trip _____

Time of Departure _____

Time to Return _____

Driver(s):

Name _____

Driver's License Number _____

Name _____

Driver's License Number _____

Name _____

Driver's License Number _____

Please check the vehicle you are requesting:

_____ Gray Van

_____ Yellow Van

_____ White Bus

Check with office 24 hours before trip to obtain keys. The vehicle must be returned to the parking lot for security reasons. The vehicle must be returned clean. Problems with the vehicle must be reported to the office immediately.

OFFICE USE ONLY

Request approved by _____ Date _____

Vehicle(s) assigned _____ License Number _____