## **Vehicle Request Form**

Event Name: _			
Event Date:	***************************************		
Destination: _			
Submitted by:			
E-mail:			
Note: All drivers n	must be on the approved drivers list for I	Hickory Flat United Methodist Church. Co	ompleted paperwork must be
turned in at least	one week prior to event. CDL license is	required to operate the bus.	
Ministry:			
-	Children's Ministry		
		try area?	
0	Youth Ministry		
0	Outreach Ministry		
*	•	ry area?	
0	Men's Ministry		
0	Women's Ministry		
0	Worship Ministry		
0	Preschool Ministry		
0	Facilities		
0	Other		
	Please List other minist	ry area:	
Vehicle(s) Nee			
	Single Van		
0	Both Vans		
0	Bus		
0	Small Cargo Trailer		
0	Large Cargo Trailer		
Who will be in	charge of the vehicle(s)?		
	Name:		
	Phone Number:		
		will?	
11.	2		
ноw many pas	ssengers?		ě
Vehicle (s):			
Pick up	o Date:	Pick up Time:	
Return Date:		Return Time:	
	(Note: Vehicle must be ret	urned clean and with a full tank of gas.)	
Key:			
	o Date:	Pick up Time:	
Return	Date:	Return Time:	
Special Instruct	tions:		