

Franklin Avenue Baptist Church  
**REQUEST FOR VEHICLE USE**

**THIS FORM WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS COMPLETED.**

**REQUEST SHOULD BE SUBMITTED AT LEAST TWO (2) WEEKS IN ADVANCE**

**PLEASE NOTIFY US IMMEDIATELY IF THE EVENT IS CANCELLED OR CHANGES NEEDED**

Date Submitted: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name of Ministry: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Contact Number: Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Ministry Leader (Please Print): \_\_\_\_\_

Ministry Leader's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

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**All forms must be completed and approved in advance.**

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**DESTINATION INFORMATION**

Purpose of Trip: \_\_\_\_\_

Name of Hotel / Site: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number : Area Code Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Departure Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Return Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Number of Attendees: \_\_\_\_\_ (Need number to be as accurate as possible for proper scheduling)

**VEHICLES WILL BE ASSIGNED BASED ON THE NUMBER OF ATTENDEES. A COMPLETED ITINERARY AND FINAL COUNT SHOULD BE SUBMITTED TWO (2) WEEKS PRIOR TO DEPARTURE.**

**OFFICE USE ONLY** Driver's Name: \_\_\_\_\_

**Approved:**  **Disapproved**  **Date:** \_\_\_\_\_

**Reason for Disapproval:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

Vehicle Number	# of Passengers
<input type="checkbox"/> Vehicle #1	3 (Pickup)
<input type="checkbox"/> Vehicle #2	13 (Van)
<input type="checkbox"/> Vehicle #3	14 (Van)
<input type="checkbox"/> Vehicle #4	23 (Mini-Bus)
<input type="checkbox"/> Vehicle #5	23 (Mini-Bus)