

DATE REQUEST SUMITTED _____

Van Use Reservation Form

___ New Van ___ Old Van

Event: _____

Name of Group Sponsoring the Event: _____

Point of Contact: _____

Mailing Address: _____

Phone Number: (Home) _____ (Work) _____

E-mail Address: _____

Recurring Trip (example, 1st Wed. every month:) _____

Start Date: _____ Ending Date: _____

.....
OR.... Specific Trip Dates if Trips occur on a sporadic basis.

(Consider Holidays and other event impacts):

Jan _____

May _____

Sep _____

Feb _____

Jun _____

Oct _____

Mar _____

Jul _____

Nov _____

Apr _____

Aug _____

Dec _____

Van Usage Time: From: _____ To: _____

Number of Expected Attendees: Adults _____ Kids _____

**** It is the responsibility of the Group Leader to get the van and keys.
Then return the van to its original state and turn the keys into the Office.**