

# Rockport First Baptist Church

## Van Request Form

### PERSON MAKING REQUEST

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Ministry: \_\_\_\_\_ Email: \_\_\_\_\_

Date requested: \_\_\_\_\_

### VEHICLE USAGE DETAILS:

Purpose: \_\_\_\_\_

Single Use:  Yes  No Regular Use:  Weekly  Monthly

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*(Please note schedule, i.e. first Friday of the month or every Sunday)*

Driver needed:  Yes  No Drive Assistant needed:  Yes  No

Provide Name(s) of All Individuals Expected to Drive Church Vehicle (Authorized Drivers Only):

Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Number of passengers: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure time: \_\_\_\_\_ AM/PM Return time: \_\_\_\_\_ AM/PM

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_

Authorized Driver:  Yes  No