

Center for Hope Ministries

VEHICLE USE REQUEST FORM

In order to reserve use of the van, please return this form to the receptionist's mail box **10 days prior** to date of event.
Should your event change, please contact the church office as soon as possible.

Today's Date _____ / _____ / _____

Date of Activity _____ / _____ / _____

Name of Activity: _____

Have you filled out an Event Request Form? Yes No

Time of Pick-Up _____ A.M./P.M. Time of Return _____ A.M./P.M.

Contact Person: _____ Contact Number: _____

Contact's Email Address: _____

If you are going out of town, please state where you will be: _____

Give dates if this is an Overnight Trip: _____

It is your responsibility to:

1. Return the vehicle clean.
2. Empty the trash.
3. Inform the maintenance supervisor (Deacon) if there is a problem with the vehicle.
4. **If you are returning the vehicle on Saturday afternoon or later, make certain the vehicle is full of gas.**

Please retain a copy of the Church Vehicle Use Record, located in the Resource Office.

Future use of the church vehicle depends on the condition in which you return it.

Please List:

Vehicle Requested

Name of Approved Driver(s)

For Office Use Only

Date Received: _____

Approved: ___Yes ___No

Reason Denied: _____

Modifications & Comments: _____

Copies Forwarded to: ___Deacons ___Security _____Other

Signature: _____

Date: _____