



Bus Reservation Form

For use of the church buses, please complete this form and return to Cathy Hyatt for scheduling approval.

Date: _____

Number of Buses Needed: _____

Name of Responsible Party: _____
(Must be an FCC member)

Cell phone: _____ Home phone: _____

Ministry or Group Reserving Busses: _____

Purpose for Use: _____

Destination: _____

Name of Driver:	Approved	Name of Driver:	Approved
_____	Y / N	_____	Y / N
_____	Y / N	_____	Y / N

If driver has not been approved, see Harold Lee for training.

Date/Time of Pick-Up: _____ Date/Time of Return: _____

As the responsible party, I understand that I am responsible for returning the buses in clean condition and with a full tank of gas, unless prior arrangements have been made as shown below.

X _____

Special arrangements: _____

Approved by: _____

Date: _____

To be completed when picking up and returning the busses

Bus 1:

Beginning Mileage:

Bus Condition:

Bus 2:

Beginning Mileage:

Bus Condition:

Ending Mileage:

Bus Condition:

Ending Mileage:

Bus Condition:

Any problems noticed during use of busses: _____

Please return keys and completed van form to the office.