Bus or Trailer Reservation Request

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

Today's Date:			
Number of Buses Needed:	Nι	umber of Trailers Needed:	
Name of Responsible Party: (Must be an FCC member)			
Cell phone:	Но	ome phone:	
Ministry or Group Reserving Bus/Tra			
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 I	—— Harold Lee for train		
Date/Time of Pick-Up:	D	Date/Time of Return:	
As the responsible party, I understand with a full tank of gas, unless prior are	rangements have be	ble for returning the buses/trailer in clean conteen made as shown below.	ndition and
Special arrangements:			
Approved by:		Date:	
To be completed when picking	g up and retur	ning the busses	
Bus 1:	Bus 2:	<u>Trailer 1</u>	
Beginning Mileage:	Beginning Mileas	ge: Beginning Condition:	
Bus Condition:	Bus Condition:	Ending Condition:	
Ending Mileage:	Ending Mileage:	<u>Trailer 2</u>	
Bus Condition:	Bus Condition:	Beginning Condition:	
		Ending Condition:	
Any problems noticed during use of b			
	usses/trailer:		
Please return keys and completed re		hen bus/trailer is check in with office pers	sonnel.
Please return keys and completed re		hen bus/trailer is check in with office pers	sonnel.
		•	sonnel.