



Van Reservation Form

Today's Date: _____ Your Name: _____

Phone: _____ Email address: _____

Name of Group requesting Van: _____

Name of Minister notified: _____

Trip Information:

Date and time of departure: _____ Destination: _____

Date and time of return: _____ Approximate mileage: _____

Number of people traveling (not to exceed 15 per van): _____

Name(s) of driver(s): _____

Trips over 70 miles round trip will require two approved drivers

Are all drivers on the church's approved driver list? yes no

If trip includes transporting minors, please list name(s) of the additional approved adult(s) who will ride with the driver(s): _____

Date and time you will inspect the van before departure: _____

I have read and understand HHBC Van Policy and Procedure (available on hayshills.com)

Signature: _____

Date: _____

OFFICE USE ONLY

Date received: _____

Drivers have met all requirements: __yes __no

Approved by Operations Manager:

Approved by Minister over Building Use and
Facilities:

Date placed on calendar: _____

Date Requestor and Driver notified: _____

Minister over program notified

Name of Minister: _____

Date Notified/Approved: _____