

Vehicle Request Form

*All requests should be submitted two weeks prior to the needed date.
Return this form via email to scheduler@fbcglenarden.org or fax it to 301-386-6270.*

Ministry Name: _____

Today's Date: _____

Requestor Information:

First Name: _____ Middle: _____ Last: _____

Daytime Phone Number: _____ Evening Phone Number: _____ Email: _____

Vehicle Information

Type of Vehicle Requested

White Truck 15 Passenger Van/Bus

Vehicle Number (If Applicable)

Type of Service

- | | |
|---|---|
| <input type="checkbox"/> Sunday Worship Service | <input type="checkbox"/> Conference - Local |
| <input type="checkbox"/> Seasoned/Elderly Visit | <input type="checkbox"/> Conference - Out of Town |
| <input type="checkbox"/> Sick & Shut In | <input type="checkbox"/> Retreat - Local |
| <input type="checkbox"/> Construction Use | <input type="checkbox"/> Retreat - Out of Town |
| <input type="checkbox"/> Facilities Use | <input type="checkbox"/> Other |
| <input type="checkbox"/> Technology Use | <input type="text"/> |
| <input type="checkbox"/> Materials Pick-Up | |

Trip Information

Date Vehicle Needed: _____

Time Vehicle Needed: _____

Event Name: _____

Location: _____
(City and State)

Vehicle Pick-Up Date: _____

Vehicle Pick-Up Time: _____

Vehicle Return Date: _____

Vehicle Return Time: _____

FACILITIES USE ONLY

Driver Name

Home Phone

Work Phone

Cell Phone

Request Approved By: _____ Date: _____

Linda Sue Freeman Steve Jenkins

Patti Buck Wendy Cloud

Administrator Signature: _____

Request Denied By: _____ Date: _____

Linda Sue Freeman Steve Jenkins

Patti Buck Wendy Cloud

Reason: