

CENTRAL UNITED METHODIST CHURCH
VEHICLE USE REQUEST FORM

Please return this form to the office manager 1 week prior to the date of the event

Date _____

Date of Activity _____

Name of Activity _____

Time of Pick-Up _____

Time of Return _____

Contact Person _____

Contact Number _____

Contact's Email Address _____

For Office Use Only

Date Received _____

Approved ____ Yes ____ No

Name of Approved Driver(s) _____

Copies Forwarded _____ Sexton _____ Requestor _____ Other

Signature _____ Date _____

5/10/2010