

Mt. Zion Baptist Church Of Germantown
41 West Rittenhouse Street
Philadelphia, Pennsylvania 19144
Office: 215-844-7614  Fax: 215-844-3680
Rev. Dr. Bruce Alick, Pastor

Date _____

VAN RESERVATION REQUEST FORM

Church Group or Person(s) requesting Van: _____

Contact Person: _____

Name

Phone#

Address

City

State

Zip code

Purpose of Trip: _____

Destination: _____

Date of Trip: _____ / _____ / _____
Month Day Year

Time of Trip: _____ : _____ AM (or) _____ : _____ PM

Departure Time from the Church _____ : _____ A.M. _____ : _____ P.M. Return _____ : _____ A.M. _____ : _____ P.M

Please Note: Tolls and Parking Fees are the Responsibility of the Group

Remarks/Comments:

Approved by: _____ / _____ / _____
Name (Date)

Assigned Driver: _____

TO INSURE PROPER VAN AND DRIVER SCHEDULING PLEASE SUBMIT THIS FORM TO THE CHURCH OFFICE NO LATER THAN TWO (2) WEEKS PRIOR TO THE INTENDED TRAVEL DATE.

Date received

Received by

Gerald Knight, Coordinator