

VAN USAGE REQUEST FORM

TIGARD CHURCH OF GOD

TODAY'S DATE ___/___/___

DATE RECEIVED IN THE OFFICE ___/___/___

Date Requested: ___/___/___ Date Returning: ___/___/___

Time Needed: _____ am/pm

Estimated Return time: _____ am/pm

Type of Function: _____ Destination: _____

Group Requesting Vehicle: _____

Activity Coordinator: _____ Phone #: _____

Contact Person: _____ Phone # _____

Authorized Driver: _____ Phone # _____

Key Pick-up Date: _____ Time: _____ am/pm

Key Return Date: _____ Time: _____ am/pm

****Please return this form to the church office at least (2) weeks prior to the activity. This is a request form, not a confirmation. Call the office (639-4000) for confirmation.****

Approved By: _____
Date: _____