

**JAMESTOWN PRESBYTERIAN CHURCH
APPLICATION FOR CHURCH BUS USE**

Date _____

Name of Group _____

Date(s) of Use _____

Who Will Drive _____
(Drivers must be pre-approved)

Driver's Mobil Telephone _____ Home phone _____

Destination _____

Expected Total Mileage _____

Number in Group (adults) _____ (youth) _____

Form Completed By _____ Tel # _____

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Approved By _____

Approval Date _____

Approval Number _____

Was Bus Returned Clean _____ Full of Fuel _____

Any Damages Noted _____

Checked By _____