

*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**