

**Bus Request form**

**Bus 1**  
Handicap Accessible

**Bus 2**

Today's date: \_\_\_\_\_

Date and time bus is needed :     \_\_\_/\_\_\_/\_\_\_     Time: \_\_\_\_\_

Date and time bus will be returned: \_\_\_/\_\_\_/\_\_\_     Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Ministry name and contact person (name, phone, email):

Ministry Area: \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Bus driver (name, phone, email, cell phone that will be on the bus)

Primary Driver \_\_\_\_\_     Secondary Driver \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

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*Office Use Only*

Bus request is received and confirmed: \_\_\_\_\_ date/initial

Driver is on church insurance list: \_\_\_\_\_ date/initial

Driver has completed bus training: \_\_\_\_\_ date/initial

Key checked out to: \_\_\_\_\_ date/initial

Key returned: \_\_\_\_\_ date/initial