

Central United Methodist Church Van Reservation Request Form

Email completed form to woodgregg388@gmail.com or mail to Central UMC 17 Nanticoke Ave Endicott NY

Group requesting reservation: _____

Contact information:

Person making reservation: _____

Work Phone: (____) ____ - ____ Home Phone: (____) ____ - ____

email: _____

Preferred method of contact: ____ Work Phone ____ Home Phone ____ email

Van(s) Requested: ____ 12 Passengers ____ 15 Passengers

Dates and times for when you want the van(s):

Van leaves Central at: ____ / ____ / ____ : ____ am/pm

Van returns to Central at: ____ / ____ / ____ : ____ am/pm

Van Driver information:

Driver's Name(s):	Qualified by Central Van Committee?
_____	Yes No
_____	Yes No
_____	Yes No
_____	Yes No

Trip information:

Destination: _____

Approximate number of miles: _____

Comments:
