FAITH COMMUNITY METHODIST CHURCH

904-737-3555 contact@faithcommunitymethodistjax.org

BUS RESERVATION FORM

Today's Date:	
Contact Person Information (Name, phone # and email):	
Date(s) Requested for Use:	Event:
Florida Driver Information (please att	ach copy of license with form)(name & phone #)
· · · · · · · · · · · · · · · · · · ·	ge log and driver's knowledge of how to operate the bus ne bus, all trash and personal items need to be removed ck to full.
Please return this form to the church e confirmation of your request within 4	either by email or in person. You will receive a 8 hours.
Office Information: Please check schedule f	for above requested date(s) and notify the person as approved. If date and correct reservation form. Put this reservation on the Facility
Approved and scheduled:initialed	