

**Cave Spring Baptist Church  
Vehicle Use Request Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Time of Departure (Approximate): \_\_\_\_\_

Time of Return (Approximate): \_\_\_\_\_

Person/Group Making Request: \_\_\_\_\_

Destination: \_\_\_\_\_ Approximate Mileage: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

\_\_\_\_\_

Number of Persons: \_\_\_\_\_ Age Range: \_\_\_\_\_

Number of Drivers: \_\_\_\_\_

Names of Drivers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Church use only:**

Date Submitted: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date Notified: \_\_\_\_\_