

COMPLETE THIS FORM

CHRISTIAN TABERNACLE CHURCH

BUS MINISTRY
Special Trip Request

Ministry: _____

Activity: _____

Date of Activity: _____

Address of Activity: _____

Pick-up Location: _____

Departure Time: _____

Arrival Time: _____

Return Trip Time: _____

Return Arrival Time: _____

of Passengers: _____

Coordinator: _____

Request Given To: _____

Date: _____