VAN USE REQUEST FORM

PLEASE BE SURE TO READ INFORMATION AT BOTTOM OF FORM BEFORE SIGNING.

Name			requests use of the school van.		
Depart:	at <i>time</i>	Return:	date	at <i>time</i>	•
Activity & destinat	ion				
Total number	(maximum 7 passeng	gers and 1 driv	er)		
	t I, or the approved dri				
signature			date		
APPROVED BY:					
sign	ature		date		
* * * * :	* * * * * Please be aw	are of the follo	owing * * * * *	: * * * *	

The van will have gas in it for your trip. For long trips, an Exxon/Mobil card is available. If you need to purchase gas with your own funds, you will be reimbursed when you return from your trip.

Please be sure to complete the van log book.

If you notice any mechanical problems, please report them as soon as you return so that repairs can be made.

Seat belts are available for all passengers. **DO NOT** exceed the seating capacity. Be sure *everyone* buckles up.

PLEASE take all trash out of the van when you bring it back.

This form is necessary for all van use requests. Forms should be submitted to the superintendent's office a minimum of three days in advance.

Failure to follow these guidelines can result in denial of future van use requests.