TRIP INFORMATION FORM

Department _____ Destination _____

Name of Motel or Venue: _____ Phone _____

Date & Time of Departure _____Return_____

Vehicle License Plate Number _____

Contact Person/ Phone _____

Attendees Name	*Attendees Cell Phone*	*Emergency Contact/Phone*

A copy of this <u>completed form</u> must be given to Church Secretary, Pastor, Assistant Pastor, and Contact Person for each vehicle.