

God's Vision Ministries Church

Transportation Request Form

Transportation Request Forms must be completed and submitted to the church office at least **three (3)** days before requested date (i.e. for a **Sunday** Pick-up, the deadline is the **Thursday** before).

Note that this form is only a request and does not guarantee a seat as seating is limited and seats are filled on a **first come, first serve** basis. Also, at this time our routes are limited to the **Conyers, GA** area.

Section A: Contact Information

Today's Date: _____

Contact Number: _____

Requested Pick-Up Date: _____

Number Type (circle one): Home | Cell

Additional Riders

Name of Rider:	Age of Rider:
Your Name:	
Rider #2:	
Rider #3:	
Rider #4:	
Rider #5:	

Street Address:

_____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Section B: Disclaimer

Passengers understand that while van drivers will make every effort to ensure the safety of all travelers, accidents may occur. God's Vision Ministries Church, van drivers, trustees, officers, the pastor, auxiliaries, or affiliated organizations will not be held liable for accidents that may occur. In case of an accident, proper measures will be taken for passengers to receive emergency care.

We reserve the right to refuse riders. Unruly riders will be asked to exit the van.

The church van is a smoke-free environment. No alcoholic beverages, illegal substances, or weapons are allowed in the van.

Riders agree to adhere to the designated route to and from God's Vision Ministries Church.

X _____

By signing, I certify that I, along with the riders listed above have read, understand, and hereby agree to abide by the terms and conditions of the God's Vision Ministries Church Transportation Ministry.

Mail To:

God's Vision Ministries Church

P.O. Box 81087

Conyers, GA 30013