



# 2007 NBSMC TRANSPORTATION RESERVATION FORM

*Instructions: Complete the entire NBSMC Transportation Reservation Form and submit to NBSMC Transportation Dept. - Attn: Deacon Robert L Taylor. Requestor may fax the form to the Transportation Dept. on (678) 479-6274. Ministry Leader signatures are required on all forms, prior to submission. Email copies will be accepted at the following email address: [rtaylor@newbirthsouth.org](mailto:rtaylor@newbirthsouth.org). A Two Week Notice is required for All Requests. There must also be at least 20 or more passengers for the bus to be booked. An itinerary of the event must be presented before any reservation is approved. No reservations will be made for Sundays. Please check the transportation calendar before planning your event. No food or drink allowed on either vehicle.*

**DATE:** \_\_\_\_\_ **NBSMC SPONSORING MINISTRY:** \_\_\_\_\_

**NAME OF REQUESTOR:** \_\_\_\_\_

**NAME OF THE ACTIVITY:** \_\_\_\_\_

**DATE(S) OF EVENT:** \_\_\_\_\_

**START TIME OF EVENT:** \_\_\_\_\_ **RETURN TIME FROM EVENT:** \_\_\_\_\_

**EVENT DESTINATION:** \_\_\_\_\_

**ADDRESS OF DESTINATION:** \_\_\_\_\_

**MINISTRY CONTACT FOR TRIP:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NUMBER OF PEOPLE TRAVELING ON NBSMC TRANSPORTATION:** \_\_\_\_\_

**GENERAL COMMENTS REGARDING TRIP:** \_\_\_\_\_

## APPROVAL SIGNATURES:

\_\_\_\_\_  
**MINISTRY LEADER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**OFFICE OF TRANSPORTATION**

\_\_\_\_\_  
**DATE**

## FOR NBSMC TRANSPORTATION USE ONLY:

**VEHICLE(S) RESERVED:** BUS  YES  NO      VAN  YES  NO

**RENTED VEHICLE(S):**  YES  NO **IF YES, EXPLAIN** \_\_\_\_\_