



TRANSPORTATION REQUEST FORM

CALVARY BAPTIST CHURCH

1184 Genesee Street

Buffalo, NY 14211

Pastor Corey B. Gibson, M.Div.

DATE OF REQUEST: _____

MINISTRY: _____

MINISTRY DIRECTOR: _____

PHONE #: _____

EVENT: _____

EVENT LOCATION: _____

(Complete Address)

(City and State)

EVENT DATE: _____

EVENT TIME: _____ TO _____

NUMBERS OF DAYS: _____

NUMBER OF "CONFIRMED" PARTICIPANTS: _____

***This number must be a serious count because it will determine which vehicle used, (i.e. bus or van). **If there are 6 passengers or less, you will be asked to carpool.**

TRANSPORTATION LEADER'S SIGNATURE: _____

DATE APPROVED _____

Request **MUST** be in **30 days** in ADVANCE.

