



VEHICLE USE REQUEST

THIS FORM MUST BE COMPLETED EACH TIME AN INDIVIDUAL **PRE-AUTHORIZED** BY THE DISTRICT WISHES TO RESERVE A DISTRICT OWNED VEHICLE FOR TRANSPORTING STUDENTS TO COLLEGE SPONSORED ACTIVITIES. COMPLETED REQUEST FORM MUST BE SUBMITTED TO MISSION COLLEGE ATHLETICS DIRECTOR, KAREN YODER AT [KAREN.YODER@MISSIONCOLLEGE.EDU](mailto:karen.yoder@missioncollege.edu) AT LEAST TWO (2) WEEKS IN ADVANCE OF EVENT.

NAME: _____ DATE: _____

EMAIL: _____ PHONE: _____

PURPOSE: ATHLETIC EVENT* FIELD TRIP OTHER _____

*For Athletics, please check sport:

Badminton Baseball Basketball Softball Tennis Volleyball

EVENT DESCRIPTION AND LOCATION:

NUMBER OF VANS REQUESTED (1-7): _____

PICK UP TIME: _____:_____ AM/ PM RETURN TIME: _____:_____ AM/ PM

PICK UP DATE: _____ RETURN DATE: _____

NUMBER OF DRIVERS: * _____ NUMBER OF PASSENGERS: _____

**EACH DRIVER MUST BE PRE-AUTHORIZED.*

FULL NAME OF 2ND DRIVER: _____

FULL NAME OF 3RD DRIVER: _____

FULL NAME OF 4TH DRIVER: _____

Please remember that submission of this request form does **not** guarantee availability. Please consider alternative transportation options, in the event, vans are not available for use.

-----FOR OFFICE USE ONLY-----							
REQUEST FOR VEHICLE(S):	APPROVED			DENIED			
VAN(S) ASSIGNED:	#14	#15	#16	#17	#18	#23	#24
_____ SIGNATURE OF ATHLETIC DIRECTOR				_____ DATE			

Vans must be picked up from Parking Lot F at Mission College. The vehicle must be returned to the same location at the return time indicated above with a **minimum** of ¾ tank of gas and completely emptied of all belongings. If the office is closed, please drop key(s) in the drop box located at Viso Center. In the event of an emergency or accident, immediately call 9-1-1. Additional contact information and rules will be in the vehicle. **A copy of this form must be provided at the time of vehicle pick-up. No one can pick up or return the vehicle on your behalf.**