

## Vehicle Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Driver # 1 Name exactly as it is printed on your driver license \_\_\_\_\_

Driver # 1 License # \_\_\_\_\_ State Issued in \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver # 1 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Driver # 2 Name exactly as it is printed on your driver license \_\_\_\_\_

Driver # 2 License # \_\_\_\_\_ State Issued in \_\_\_\_\_ Exp. Date \_\_\_\_\_

Driver # 2 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

If a female driver, include maiden name \_\_\_\_\_

Include a photo copy of each license

E-mail address(s): \_\_\_\_\_

Web Site Address(s): \_\_\_\_\_

1. Mission Board Name: \_\_\_\_\_

Mission Board Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mission Board Phone Numbers \_\_\_\_\_

Mission Board Web Site: \_\_\_\_\_

2. Country your called to \_\_\_\_\_ 501c 3 Yes or No \_\_\_\_\_

3. Home Church Name: \_\_\_\_\_

Home Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Church Phone # \_\_\_\_\_ Fax Phone # \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's E-Mail Address: \_\_\_\_\_

Churches Web Site Address: \_\_\_\_\_

4. Total number traveling in vehicle: \_\_\_ # Adults \_\_\_ # Children \_\_\_ Children's ages \_\_\_\_\_

5. Date vehicle is needed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

6. State/Airport you will be flying into when entering the U.S. \_\_\_\_\_

7. Anticipated miles you will be traveling: \_\_\_\_\_

8. States you will be traveling to (abbreviated):  
\_\_\_\_\_

9. Type of vehicle you will need or prefer: Minivan, Full Size Conversion Van, 15 Pass. Van,  
Car 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

10. Do you want to rent a GPS with the vehicle? Yes or No \_\_\_\_\_

11. Relative or friend living in North America that we can contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_