

EBENEZER UNITED METHODIST CHURCH

3330 CLEVELAND AVE., COLUMBUS, OH 43224 Tel. 614 447 1500

**VAN RELEASE FROM**

**Name:**………………………………………………………………………………………

**Driver’s License Number**:…………………………………………………………………..

**Address:**……………………………………………………………………………………...

**City:**………………………………………**State**…………. **Zip**…………………………….

**Pick up Date**:……………………………………..**Time:**…………………………………..

**Return Date:**………………………………………**Time:**………………………………….

**Pick up Location**:…………………………………………………………………………….

**Mileage………………… Fuel Full Half Empty**

 HAL

**Return Mileage …………….Fuel Full Half Empty**

**Destination In State Out of State Columbus**

**Specify Location:……………………………………………………………………….**

**Purpose:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

 **Church Organization:……………………………….**

 **Personal: If personal Explain:……………………………………………………………… .………………………………………………………………………………………………………………………………………………………………………………………….**

 **Application Approved Application Denied**

**By signing this form, I have agreed to report all emergencies and accidents to the Committee Chairman within 24hrs if I fail to do so, I will be responsible for all financial responsibilities Applicant Signature………………………………………..Date ……………**

**Committee Chairman Signature…………………………………………....Date…………….**