

VAN USAGE

CLUB/ORGANIZATION: _____

DATE: _____

TIME OUT: _____ ESTIMATED RETURN TIME: _____

REASON: _____

DESTINATION _____

NUMBER OF STUDENTS: _____

NUMBER OF ADVISORS: _____

DRIVER OF VAN: _____

ADVISOR'S SIGNATURE: _____

ALL VANS ARE TO BE PICKED UP AND RETURNED TO AUTO SHOP AREA.

KEYS SHOULD BE PICKED UP IN THE MAINTENANCE OFFICE.

ALL KEYS ARE TO BE PLACED IN THE DROP BOX WHEN VAN IS RETURNED.

_____ APPROVED

_____ DISAPPROVED

Michael Cole
Assistant Principal