## **GROUP TRANSPORTATION FORM**

CHURCH NAME		
GROUP LEADER		
GROOF LLADER		
PROJECT LOCATION		
Please plan to let us use	only transportation during the week to const your vehicles. Only your church approved drive	
during the week.		
Below, please tell us the type of vehicle (e.g., van, bus, minivan, etc.), the drivers who are willing and authorized to drive each vehicle during the week, and the legal capacity of each vehicle. If any of your adults are driving separately in a personal vehicle and are able to drive part of a squad for the week, please include them in this list.		
VELUCI E TVDE	DDIVED(C)	CADACITY to alredite a Deitrory
VEHICLE TYPE	DRIVER(S)	CAPACITY Including Driver

Email or mail this form to your Project Coordinator.

