

Church Bus Request Form

Church Group: _____

Driver: _____ Authorized? Y _____ N _____
(If no, please see a member of the Trustees for authorization instructions.)

Reason for Use: _____

Date(s) Needed: _____

Time(s) Needed: _____

I understand the Bus Policy (see pdf) of Bellevue UMC and will adhere to all stipulations of said policy. I also understand that the Board of Trustees has the right to revoke my driving privileges if deemed necessary.

Signature: _____

Print Name: _____ Date: _____

Please note that there is a standing reservation for Room in the Inn transportation during the months of November through March, Saturday evenings (5-7pm) and Sunday mornings (6am – 8am). The bus cannot be reserved during these times

Please return completed form to Mfields@bumc.com .