

Today's Date: ___/___/___

JEFFERSON ASSEMBLY OF GOD
STUDENT/YOUTH TRAVEL ITENERARY INFORMATION

Name of Ministry: _____

Ministry Team Leader(s): _____

Phone #: HM _____ WK _____ CELL _____ E-MAIL _____

Name of Event: _____ Date(s) of Event: _____ - _____

Destination: _____ Phone # _____
(Address) (City) (State)

Date and Time of Departure: ___/___/___ AM / PM
(Month) (Day) (Year)

Date and Time of Return: ___/___/___ AM / PM
(Month) (Day) (Year)

Trip Coordinator(s): _____ Travel Contact # _____
(if different from ministry leader)

Total Number of Travelers: _____ includes _____ Sponsors

Please Circle Requested Vehicles

1989 DODGE

2003 GMC

1997 DODGE

2004 CHEVY

(not for weekly transportation/food & drinks @ sponsor's discretion)

It is the sponsors responsibility to see that all vans are returned clean and trash free

Driver Name: _____ Phone: _____ DL/INS on file

Driver Name: _____ Phone: _____ DL/INS on file

Driver Name: _____ Phone: _____ DL/INS on file

Driver Name: _____ Phone: _____ DL/INS on file

Driver Name: _____ Phone: _____ DL/INS on file

Pick Up Time for Vehicle(s): _____ AM / PM Key #: _____

*If pick up time for vehicles is not during office hours (M - F 8:00 am - 5:00 pm)
key(s) should be picked up from the office on _____ at _____ AM / PM*

Adult Sponsor Names: _____

