

SUSQUEHANNA CONFERENCE VOLUNTEERS IN MISSION

Trailer Use Reservation Form

User: (organization) _____

Responsible person: _____ Title: _____

Phone: _____ E-mail: _____

Use Date(s): _____

Pick-up Date: _____ Return Date: _____

Destination: _____

Approximate Mileage: _____

Reason for Trip: _____

List of Drivers (must be at least 23 years of age):

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Fee submitted with this form: (\$50.00 per week) _____

Signature of responsible person

Date

Mail forms and payment to:
Curt Knouse, Grace UMC
101 Logan Street
Lewistown, PA 17044