



Activity Fleet Reservation Request Form

Activity Fleet Vehicles reservations are based on availability.

Date of Request: _____ Budget code: _____

Contact Name: _____ Title: _____

Office Phone: _____ Mobile Phone: _____

E-mail Address: _____

Has your driving record been cleared by the district? Yes No

Purpose and Type of Activity:

Campus or Location Requested: _____

Date of Event: _____ Pick up Time: _____

Return Date: _____ Return Time: _____

Estimated Attendance ~ Adults: _____ Youth: _____

Will you be traveling outside of the district: YES NO

If Yes, Indicate where you will be traveling to: _____

Additional Setup Requests / Information:

***** Auto Shop use only.*****

Date request came in: _____ Time request came in: _____

Recipient of the request: _____