



DUPAGE AME CHURCH

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Rev. Conitras M. Houston Dickens, Senior Pastor

REQUEST FOR TRANSPORTATION

INSTRUCTIONS: Please submit your reservation day and time to the Church Office two (2) weeks in advance. All requests are to be submitted on this form. Although the Transportation Ministry will try to contact you by email and/or phone about your confirmation, please **verify with the Church Office that your request has been approved.**

AUXILIARY/ COMMITTEE: _____ DATE SUBMITTED: ____/____/____

EVENT: _____ NO. PEOPLE EXPECTED: _____

PURPOSE OF MEETING: _____

REQUESTED BY: _____ PHONE NO. : (_____) _____

EMAIL ADDRESS: _____

YOUR TITLE OF AFFILIATION WITH AUXILIARY: _____

[] Destination _____

TIME NEEDED: [] Morning from _____ until _____

[] Afternoon from _____ until _____

[] Evening from _____ until _____

[] Other _____

DATE NEEDED: _____ 20 _____

OFFICE USE ONLY:

Date Approved: _____ 20 _____

Approved By: _____

Authorized By: _____