



Apostolic Faith Church Bus Transportation Request Form

Bishop Horace E. Smith, M.D., *Pastor*

Today's Date _____

Contact Person _____

Contact Phone # _____ / _____
Daytime Evening

Email Address _____ @ _____ . _____

Auxiliary _____ Representative _____

Date of Event _____

Time of Event ___ : ____ am / pm

Event Location _____
Venue Name
_____ Venue Address
_____ City, ST Zip Code

Type of Bus Coach Yellow School Other _____

of Passengers _____

DEPARTURE INFORMATION	RETURN INFORMATION
Pick-Up Time from AFC ___ : ____ am / pm	Pick-Up Time from AFC ___ : ____ am / pm
Drop Off Time at Event ___ : ____ am / pm	Drop Off Time at Event ___ : ____ am / pm

Please place this form in the mailbox of Sister Dawn Rodgers at least Three (3) Sundays preceding your event date. All questions should be directed to extension 224.

APPROVALS	
Department of Ministry	Date
_____	_____
Department of Operations	Date
_____	_____