

CONFIDENTIAL

Private Vehicle Use Form
Friendship United Methodist Church
22 West Friendship Road, Friendship, Maryland 20758

DRIVER INFO

Name _____

Address _____

Phone _____

Driver's License No & State of Issue _____

AUTO INFO

Make _____ Model _____ Year _____

Tag No. _____ Insurance Carrier _____

Insurance Policy No: _____

Number of Seat belts available _____

AUTO INFO

Make _____ Model _____ Year _____

Tag No. _____ Insurance Carrier _____

Insurance Policy No: _____

Number of Seat belts available _____

Driver's Signature _____ Date _____

By signing above I agree to obey all state and local traffic laws and verify that my vehicle is in good running condition.

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