Trinity Bus Use/Rental Form

7005 PINEY BRANCH ROAD NW
WASHINGTON DC 20012
Phone: 202-726-7036 Fax: 202-726-0061
office@trinitychurchdc.org

*(Please be advised that * denotes all the mandatory cost)*

Name of Organization/ Group Using/ Renting Bus: _____

Address: _____

City: Washington State: _____ Zip Code: _____

Name of Contact Person: _____

Telephone Number: _____ ext. ____

Name of Licensed Commercial Driver: _____

Date of Bus Use /Bus Rental: _____ __

Purpose for Bus Use/ Bus Rental: _____

Destination of Bus Trip: _____

Pick up Date & Time: _____

Return Date & Time: _____

Signature _____ Date _____

*A minimum contribution of *$400 is appreciated. Please return bus with the same amount of * fuel or full tank.*