Department of Recreational Services
Vehicle Request/Reservation Form

Organization: ____________________________________________________________

Date Submitted: _______________________________________________________

Last Name: ___________________________ First Name: _______________________

Panther ID: __________________________ Email: ___________________________ Phone: _______________________

Purpose: ___________________________________ Destination: _______________________

Departure Date: ___________ Return Date: ___________ Number of Vans: ___________

Departure Time: ___________ Return Time: ___________ Type of Trailer: ___________

Special Needs: (ie removal of seats, pick-up truck, trailer hitch, etc):

Certified Drivers:

| Driver #1 | Panther ID: ___________________________ | Phone Number: _______________________
|-----------|----------------------------------------|----------------------------------------|
| Driver #2 | Panther ID: ___________________________ | Phone Number: _______________________
| Driver #3 | Panther ID: ___________________________ | Phone Number: _______________________
| Driver #4 | Panther ID: ___________________________ | Phone Number: _______________________
| Driver #5 | Panther ID: ___________________________ | Phone Number: _______________________
| Driver #6 | Panther ID: ___________________________ | Phone Number: _______________________

Any trip over four hours requires two Department of Recreational Services Authorized Drivers. Vans are limited to 10 people including the driver. If a van requires any maintenance/assistance during a trip, please contact ARI and follow procedures listed within the van packet.

The undersigned hereby agrees to be bound by and enforce all Department of Recreational Services, Georgia State University, Board of Regents and State of Georgia request, regulations, coded, and laws, which may pertain to the use of any vehicle which may be used are a result of this request. All riders and drivers will sign a waiver supplied by the Department of Recreational Services prior to commencement of trip. All vehicles are to be returned full of gas. The undersigned accepts full responsibility for the vehicle charges and any damage to the vehicle caused use. Also, any deviations from set policies may result in the organization’s denial for future requests (up to one year).

Print Name: ___________________________ Signature: ___________________________

*****Advisor Signatures Required for Sports Clubs Only*****

Advisor: ___________________________ Advisor Signature: ___________________________

If there are any questions, please contact Ty Verdin at 404-413-1764