

Serv U Central AOG Reservation Form



Event Name			Ministry Requesting Reservation	
uting Start Date	Outing End Date		Event Location Place	
Event Start Time	Event End Time	Contact inf	o and Person in charge of the ev	ent
Event Approx. Fee	Approx. Numb. Attendi	ng Faciliti	es Requested	
Vehicle Requested type Vehicle Res		erve Date:	Vehicle Reserve Time	Vehicle Return date
Request Additional Vehicles Types				Vehicle Return time