



**Children's & Youth Ministries of  
Community Bible Church**  
1600 Main Street, P.O. Box 903  
Stittsville, Ontario, K2S 1B1  
Phone & fax: (613) 836-2606

## TRAVEL FORM (For Overnights)

Group: \_\_\_\_\_

Date: \_\_\_\_\_

Ministry Team Leader: \_\_\_\_\_

Phone: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure	DATE	TIME	FROM	TO	ARRIVAL TIME (Approx.)

  

Return	DATE	TIME	FROM	TO	ARRIVAL TIME (Approx.)

DRIVER'S NAMES	VEHICLE USED
1.	
2.	
3.	

  

LEADER'S NAMES	PHONE NUMBER
1.	
2.	
3.	
4.	

  

STUDENT'S NAMES	PHONE NUMBER
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Ministry Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ministry Leader's Name (print) \_\_\_\_\_

**\* Travel Form to accompany the Ministry Leader for overnight events, with the original form left at the church office. Forms to be permanently filed away.**