

GCC VEHICLE RESERVATION REQUEST

Received:

REQUESTOR: _____

PHONE/EXT: _____

DEPARTMENT: _____

TEAM/ACTIVITY: _____

Please note: All listed drivers must have completed and passed the MCCCDC Defensive Driving online training course and submitted to a Motor Vehicle Record check by Public Safety indicating a satisfactory driving record.

DEPARTURE DATE	TIME	RETURN DATE	TIME	DESTINATION	# OF PEOPLE	# OF VEHICLES/TYPE	Specify Driver(s) for <u>EACH</u> Travel Date <small>*ALL DRIVERS MUST MEET REQUIREMENTS</small>

***Driver requirements include up-to-date online Defensive Driving Course completion and current MVR check by Public Safety**
<http://www.gccaz.edu/studentlife/13900.htm>