



## Southern California Conference of Seventh-day Adventists

### Youth Department Vehicle Information Sheet

**Please complete all blanks:**

Church \_\_\_\_\_ Director \_\_\_\_\_

Phone: day (    ) \_\_\_\_\_ evening: (    ) \_\_\_\_\_

Program (circle one): Youth    Pathfinder    Adventurer    Other \_\_\_\_\_

Name of driver \_\_\_\_\_ Above the age of 21?  Yes  No

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

Vehicle make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_ VIN \_\_\_\_\_

Registered owner \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Passenger capacity of vehicle (how many sets of seatbelts are in the vehicle?) \_\_\_\_\_

Vehicle insurance company: \_\_\_\_\_ Date insured \_\_\_\_\_ to \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Medical Coverage \_\_\_\_\_ Liability coverage \_\_\_\_\_

Liability coverage of \$100,000/\$300,000?  Yes  No

Auto medical coverage of \$5,000 or more?  Yes  No

Collision/comprehensive coverage?  Yes  No