

**DIOCESE OF FRESNO OFFICE OF SAFETY
1550 NORTH FRESNO STREET
FRESNO, CALIFORNIA 93703-3788
PHONE (559) 488-7473 FAX (559) 488-7479**

REQUEST FORM FOR TRIPS AND FUNCTIONS

Parish/school Name and Address (include zip code) Phone and Fax number:

Today's Date: _____

Requested By: _____
(Your Name)

Destination: _____

Purpose of Trip: _____

Date(s) of Trip/Function: _____

Group/Grade Going on Trip: _____

**Type of Transportation
To Be Used:** _____

If using volunteer drivers, please check one space below:

_____ **I have a copy of the Risk Best Practices Manual, December 2006, and will follow these guidelines explicitly. My drivers are aware that their insurance is primary and the diocesan insurance is secondary.**

_____ **I do not have a copy of the Risk Best Practices Manual. Please send a copy.**

PASTOR/PRINCIPAL SIGNATURE OF APPROVAL _____

FOR OFFICE OF INSURANCE USE ONLY:

Approved _____ **Denied** _____ **Date** _____