



Car Pool Reservation Request

Requestors Name: _____

Date of vehicle pick-up: _____
(Car pool is not open on Sat/Sun)

Time of pick up: _____
(between 7:00 AM and 5:00 PM)

Date of vehicle return: _____

Time of return: _____

Type of vehicle requested: (please mark appropriate box)

Sedan
(4 passenger)

Pick-truck
(6 passenger)

SUV
(9 passenger)

Mini Van
(7 passenger)

Utility Vehicle
(5 passenger)

Purpose of trip:

Trip Destination:

List all passengers: (including yourself)

Any additional comments:

Form must be submitted AT LEAST 24 hours before you need to pick up the Vehicle.

Faculty and Student Competition Teams: Please return completed request to Kelly Bergeron (kbergero@uwyo.edu)

Clinic Usage: Please return completed request to Tim Crawford (tcrawfo4@uwyo.edu)