

**NEW SAMARITAN BAPTIST CHURCH  
TRANSPORATION REQUEST FORM**

**TODAY'S DATE:** \_\_\_\_\_

**NOTE: A New Samaritan Official will be in contact with you within 48 hours of receipt of this notification.**

<b>NAME:</b> _____	<input type="radio"/>	<b>Adult</b>		
<b>First Name                  Initial                  Last Name</b>	<input type="radio"/>	<b>Child</b>		
<b>New Samaritan Baptist Church Disciple:</b>	<input type="radio"/>	<b>Yes</b>	<input type="radio"/>	<b>No</b>

**CONTACT PHONE #:** \_\_\_\_\_

**DATE TRANSPORTATION REQUIRED:** \_\_\_\_\_

**NUMBER OF PEOPLE REQUIRING RIDE:** \_\_\_\_\_

**PERSON PROVIDING INFORMATION:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**WORSHIP SERVICES:**  
 **7:45 AM**     **11:15 am**     **5:00 PM Communion (1<sup>st</sup> Sundays)**

**PICK UP LOCATION:**  
\_\_\_\_\_  
**Street Address                                  City                                  State                                  Zip Code**

**Special Needs:**  
 **Wheelchair Accessibility**     **Other (Specify)** \_\_\_\_\_

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