



CITY OF JERSEY CITY DEPARTMENT OF RECREATION

CAVEN POINT COMPLEX | 1 CHAPEL AVENUE | JERSEY CITY, NJ 07305
P: 201 547 5003 | F: 201 547 4586



STEVEN M. FULOP
MAYOR OF JERSEY CITY

KEVIN WILLIAMSON
DIRECTOR

Van/Bus Request Form

Please complete the following information for each van requested:

Date of Request: _____ Date of Trip: _____

Number of Buses: _____ Number of People: _____

Number of Vans: _____ Number of People: _____

Pick Up	Time	Point of Pick Up
1.	_____	_____
2.	_____	_____
3.	_____	_____

Destination: _____

Special Instructions: _____

Return Time: _____ (Time Leaving Destination)

Name of Group: _____

Contact Person: _____ Phone: _____

Purpose of Trip: _____

Other City Office Requesting Bus: _____

Contact Person: _____ Phone: _____

In signing this application, I hereby consent all passengers are fully cleared mentally/physically to be transported by a City of Jersey City Van/Bus. I hereby waive all claims against all and discharge the City of Jersey City and all its agents, employees or representatives in charge of this program from all claims of any kind or nature in the event of any accident or injury encountered during this program. In the event that I can not be reached in an emergency, I give my permission to the physician or designated hospital selected by the staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I am also aware that the Jersey City Department of Recreation is not responsible for passengers once they are returned to the destination as mentioned.

Signature: _____

Approval: _____

Van/Bus Assigned: _____

Reminder: All tolls and parking fees to be paid by group requesting buses. Any trips returning after 4:00 p.m. must have prior approval from the Department of Recreation.

Revised: 12/03/15