



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

ARTHUR WILLIAMS  
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 infection, 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.