

DRIVER INFORMATION SHEET  
FOR EVENTS/ACTIVITIES OFF ST. BEDE PARISH PREMISES

DRIVER:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

VEHICLE TO BE USED:

Name of Owner: \_\_\_\_\_ Model of Car: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # : \_\_\_\_\_

Registration Expiration Date: \_\_\_\_\_ Plate Expiration Date: \_\_\_\_\_

If more than one vehicle is to be used, the above information must be provided for each vehicle.

INSURANCE INFORMATION:

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. The minimal, acceptable liability limit for privately owned vehicles is \$100,000.00/\$300,000.00

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Expiration Date of Policy: \_\_\_\_\_ Liability Limit: \_\_\_\_\_

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration. I also understand that my insurance, which is current, will serve as the primary coverage in the event of an accident.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_