SGA Reservation Rental Form
Enterprise Rent-A-Car
(Van Rental & Vehicle Rental)

STUDENT COMPLETE THIS SECTION

DIVISION: ____________________ STUDENT ORGANIZATION: ____________________

EVENT: ____________________ SPEEDTYPE: ____________________

TYPE OF VEHICLE: ____________________ NUMBER OF VEHICLES NEEDED: ____________________

PICK UP DATE: _______________ PICK UP TIME: _______________

RETURN DATE: _______________ RETURN TIME: _______________

DESTINATION(S)
(List all states the vehicle(s) will travel through)

VEHICLE PICK UP LOCATION ____________________

VEHICLE RETURN LOCATION ____________________

DRIVER(S) INFORMATION:

PRIMARY DRIVER: ____________________ STATE/LICENSE#: ____________________

STUDENT ID#: ____________________

(All drivers must be at minimum 19 years of age or older)

ALTERNATE DRIVER: ____________________ STATE/LICENSE #: ____________________

STUDENT ID#: ____________________

ALTERNATE DRIVER: ____________________ STATE/LICENSE #: ____________________

STUDENT ID#: ____________________

ALTERNATE DRIVER: ____________________ STATE/LICENSE #: ____________________

STUDENT ID#: ____________________

***IMPORTANT*** Form must be signed by treasurer prior to reservation being processed.

PRINTED NAME OF TREASURER: ____________________ STUDENT ID#: ____________________

SIGNATURE OF TREASURER: ____________________ DATE: ____________________

EMORY AUTHORIZED EMPLOYEE COMPLETE THIS SECTION

NAME OF EMPLOYEE THAT MADE RESERVATION: ____________________

RESERVATION #: ____________________

DATE RESERVATION COMPLETED: ____________________

EMAIL TREASURER RESERVATION NUMBER WHEN COMPLETED