



Wesley United Campus Ministry

238 General Gardner Ave. - Online: www.ulwesley.org

Office: 337-235-6073 Email: ulwesleyministry@gmail.com

Parking Form

Semester: Fall Spring Year: _____

Amount Paid: \$_____

Name: _____

Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

More Than One Car? _____

#1 Make of Car: _____

Year: _____

Color: _____

License Plate #: _____

#2 Make of Car: _____

Year: _____

Color: _____

License Plate #: _____

I agree to abide by the parking lot regulations set forth by the Wesley United Campus Ministry. I understand that the parking tags are **NON-REFUNDABLE** and **NON-REPLACABLE**. I likewise disclaim any responsibility on the part of the Wesley United Campus Ministry in the event of damage or theft to my automobile or its contents, while it is on the Wesley United Campus Ministry premises, or in the event of injury to myself or to passengers in my automobile while walking or driving on the same premises.

Signature

Date