



# HEBRON

BAPTIST CHURCH

P.O. Box 92, 3435 Limaburg Rd., Hebron, KY 41048

**Dr. Shawn Dobbins, Pastor**  
**Mark Whitaker, Pastor of Worship & Missions**  
**Allen Greene, Pastor to College & Young Adults**  
**Curtis Ponder, Director of Student Ministries**  
**Christy Reed, Director of Children's Ministries**  
**Kaye Boots, Administrative Assistant**

October 3, 2022

RECEIVED OCT 0 2022

Mr. Matt Turner  
Boone County Board of Education  
8330 Highway 42  
Florence, KY 41042

Dear Mr. Turner and Members of the Boone County Board of Education,

Each year Hebron Baptist Church hosts a Thanksgiving meal for all the members of BAWAC. This year the meal is at 11:30 a.m. on Monday, November 21st, which is the Monday before Thanksgiving Day.

We are again requesting the use of two transits from approximately 10:30 a.m. until 1:30 p.m. in order to transport the patrons of BAWAC from their facility in Florence to the church located at 3435 Limaburg Road in Hebron.

We will reimburse the expenses for the drivers and the gasoline costs as well as any other expenses that may be involved.

Thank you for your involvement and the School Board's cooperation in the past. This is an exciting time for our church when we can minister to the needs of others.

Sincerely Yours,

Dr. Shawn Dobbins  
Senior Pastor

# Outside Group Trip Request

Please read the instructions before completing this form. If you have any questions, see the Transportation Department contact list at the bottom of the instruction form.

Organization Name Hebron Baptist Church Date of Request 10/25/20  
Organization Address 3435 Limaburg Rd. Hebron Ky 41048  
Organization Phone Number (859) 689-7282  
Contact Name Dr.Shawn Dobbins Contact Cell Phone (859) 689-7282  
Destination Name BAWAC Date of Trip 11/21/20  
Destination Phone # (859) 371-4410  
Destination Address 7970 Kentucky Dr. Florence Ky. 41042  
Destination Instructions \_\_\_\_\_  
Loading Location BAWAC  
Loading Time 10:30 am Departure Time 10:35 am  
Loading Time at Event \_\_\_\_\_ Departure Time from Event \_\_\_\_\_  
Return Time 1:30 pm  
Number of Passengers 130 Number of Buses requested 2  
Additional Comments \_\_\_\_\_  
PO Number \_\_\_\_\_

## For Transportation Use Only

Trip Approved by \_\_\_\_\_ Superintendent's Office  
Date Received \_\_\_\_\_ Trip Number \_\_\_\_\_  
Internal Approval \_\_\_\_\_  
Date Estimate Sent \_\_\_\_\_ Fax Email Date Assigned \_\_\_\_\_  
Date Billed \_\_\_\_\_

**Submit**

**Print**