



**NEW RIDER REGISTRATION FORM**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ P O Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone/Home (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you need assistance getting on/off the bus? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require door to door service? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you use a mobility aid such as a wheelchair, cane, walker, motorized scooter, or portable CO2?

Please describe: \_\_\_\_\_

Do you have a Personal Care Assistant? Yes \_\_\_\_\_ No \_\_\_\_\_

**Household Composition:**

Lives Alone \_\_\_\_\_ With Children \_\_\_\_\_ With Non-Relatives \_\_\_\_\_

With Spouse \_\_\_\_\_ With Relatives \_\_\_\_\_ Nursing Home \_\_\_\_\_ Assisted Living \_\_\_\_\_

Do you have any conditions that the driver should be aware of? If yes, please list below.

\_\_\_\_\_

**In case of emergency, please notify:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Notes: \_\_\_\_\_