



REGISTRATION FOR DIAL-A-RIDE SERVICES

Rider Name: _____
Last First Middle

Home Address: _____
Street City Zip

Phone Number(s): _____
Home Cell Work

Check **any** that apply: Senior (65+) Disabled General Public
 Student Veteran Low-Income

Do you use a mobility device? (Wheelchair, scooter, walker, etc.): Yes _____ No _____

Specify Type: _____

Are you able to move yourself without assistance between the bus and your pick-up or drop-off location? Yes _____ No _____

Please Note: If you require assistance moving between the bus and your pick-up or drop-off location you must arrange for that assistance yourself. CC Rider provides curb-to-curb service.

Emergency contact information:

Name: _____ Phone Number: _____

Registrant Signature: _____ Date: _____