



# **CITY OF ALAMEDA SHUTTLE PROGRAM REGISTRATION CARD**

**Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Birthdate:** \_\_\_/\_\_\_/\_\_\_

**E-Mail Address:** \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT (Person Outside Of Household):**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

I certify that I am at least 62 years of age and the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give the City permission to contact me about my experience with the Shuttle Program. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Thanks to Measure B Funding for Support of this Program**