

Youth Ride Registration

Rider Name: (first) _____ (last) _____ grade _____

Rider Home Address: _____

City: _____ Zip: _____ Twp: _____

Home phone (w/area code): _____ cell: _____

Custodial Adults Names: _____

Emergency contact information:

Number the following entries in the order of contact preference, #1, #2 & #3.

___ Work phone number (dad): _____ cell: _____

___ Work phone number (mom): _____ cell: _____

___ Classroom teacher name: _____ phone: _____

**School Representative Signature: _____

**Date of signature: _____

Service will not begin until one week after delivery of the completed Youth Ride Registration form to Clinton Transit, unless approved by Clinton Transit Operations Supervisor.

Service days: M T W Th F
 am pm am pm am pm am pm am pm

Pick up at:

Drop off at:

Drop off time:

Pick up at:

Pick up time:

Drop off at: