



# GENERAL CARPOOL REGISTRATION FORM

Register your carpool with South Florida Commuter Services by filling out the following form. Please fax this form back to South Florida Commuter Services (954) 731-7319 or mail to: South Florida Commuter Services, 5217 NW 33<sup>rd</sup> AVE, Ft. Lauderdale, FL 33309.

How many individuals participate in your carpool? \_\_\_\_\_

How many days per week does your carpool operate? \_\_\_\_\_

**POOLER # 1 (REGISTRANT)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Work Hours: \_\_\_\_\_ am to \_\_\_\_\_ pm

**POOLER # 2 (REGISTRANT)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Work Hours: \_\_\_\_\_ am to \_\_\_\_\_ pm

**POOLER # 3 (REGISTRANT)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

Work Phone No: \_\_\_\_\_ Work Hours: \_\_\_\_\_ am to \_\_\_\_\_ pm

## EMERGENCY RIDE HOME PROGRAM

You and your carpoolers will be enrolled in the South Florida Commuter Services Emergency Ride Home (ERH) Program. Each carpooler will receive their vouchers at their home address within the next 10 business days.

Registering your carpool will also make you available for any promotion or incentives offered by South Florida Commuter Services.

Your registration will be valid for 6 months. At the end of your registration period, SFCS will send you a Carpool Renewal Form. This will insure that our records stay accurate and up to date. Should your registration change please contact SFCS.

For more information please visit:

[www.1800234ride.com](http://www.1800234ride.com)  
1-800-234-RIDE