

BROWARD COLLEGE CARPOOL REGISTRATION FORM



Please fill out the following form to register your carpool with Broward College (BC) and South Florida Commuter Services (SFCS). Once you receive your SFCS decal in the mail, you will be able to use the carpool parking spaces at the BC Davie Campus. Please return completed forms to SFCS via **fax at (954) 731-7319**, email to **sfcs@1800234ride.com**, or mail to **South Florida Commuter Services, 5217 NW 33rd AVE, Ft. Lauderdale, FL 33309**.

EMERGENCY RIDE HOME PROGRAM You and your carpoolers will automatically be enrolled in the South Florida Commuter Services (SFCS) Emergency Ride Home (ERH) Program. If email addresses are provided for you or your carpool partners, you will automatically be enrolled in SFCS' online ERH voucher program. If you would like to receive SFCS pre-printed vouchers by mail, contact an SFCS Customer Service Representative. For more information on the ERH program please visit: www.1800234ride.com or call 1-800-234-RIDE.

Carpooler #1

First Name _____ Last Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home/Cell Phone No. _____ Email Address _____

Student ID # _____

What days are you normally on campus?: Sun ___ Mon ___ Tue ___ Wed ___ Th ___ Fri ___ Sat ___

I usually arrive to campus at _____ am/pm and leave campus at _____ am/pm

I am registering a vehicle: Yes, I am a driver No, I am only a passenger BC Parking Decal: _____

Vehicle License Plate# _____ Vehicle Make & Model _____

Carpooler #2

First Name _____ Last Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home/Cell Phone No. _____ Email Address _____

Student ID # _____

What days are you normally on campus?: Sun ___ Mon ___ Tue ___ Wed ___ Th ___ Fri ___ Sat ___

I usually arrive to campus at _____ am/pm and leave campus at _____ am/pm

I am registering a vehicle: Yes, I am a driver No, I am only a passenger BC Parking Decal: _____

Vehicle License Plate# _____ Vehicle Make & Model _____

Carpooler #3

First Name _____ Last Name _____

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____

Home/Cell Phone No. _____ Email Address _____

Student ID # _____

What days are you normally on campus?: Sun ___ Mon ___ Tue ___ Wed ___ Th ___ Fri ___ Sat ___

I usually arrive to campus at _____ am/pm and leave campus at _____ am/pm

I am registering a vehicle: Yes, I am a driver No, I am only a passenger BC Parking Decal: _____

Vehicle License Plate# _____ Vehicle Make & Model _____

Signature required of each carpooler.

We believe this information is accurate to the best of our knowledge.

Carpooler #1 _____ Carpooler #2 _____ Carpooler #3 _____

SFCS is a program of the Florida Department of Transportation and as a participant in our program we will periodically provide you with updates on transportation related programs and services related to you. If you and your carpool partners are not interested in receiving updates, check this box.