

# NOVA SOUTHEASTERN UNIVERSITY CARPOOL REGISTRATION FORM



Please fill out the following form to register your carpool with South Florida Commuter Services (SFCS). 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](http://www.1800234ride.com) or call 1-800-234-RIDE.

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

What days does your carpool normally travel to campus?: Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Th \_\_\_ Fri \_\_\_ Sat \_\_\_

What time does your carpool usually arrive at and leave campus at \_\_\_ am/pm and leave campus at \_\_\_ am/pm

## Carpooler #1 (REGISTRANT)

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

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

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

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Student ID #: \_\_\_\_\_

Vehicle License Plate# \_\_\_\_\_ Vehicle Make & Model \_\_\_\_\_

NSU Parking Permit #: \_\_\_\_\_

I would like to receive a list of other possible carpool matches (Circle One): Y N

## Carpooler #2

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

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

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

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Student ID #: \_\_\_\_\_

Vehicle License Plate# \_\_\_\_\_ Vehicle Make & Model \_\_\_\_\_

NSU Parking Permit #: \_\_\_\_\_

I would like to receive a list of other possible carpool matches (Circle One): Y N

## Carpooler #3

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

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

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

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Student ID #: \_\_\_\_\_

Vehicle License Plate# \_\_\_\_\_ Vehicle Make & Model \_\_\_\_\_

NSU Parking Permit #: \_\_\_\_\_

I would like to receive a list of other possible carpool matches (Circle One): Y N

## 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.