

NiteRide Registration Form*

Name _____ Date _____

Address _____ City _____ Zip _____

Phone Number _____

Date of Birth _____ Eligibility Expiration _____

Emergency Contact _____ Emergency Phone _____

Email Address (optional) _____

Signature _____ Date _____

Citibus Registrar _____ Date _____

* **This eligibility form is for Citibus records only.** The passenger's information will not be given to outside parties or agencies. By signing, the registrant agrees to adhere to the Citibus Code of Conduct outlined in the *NiteRide* Passenger's Guide. Policies are subject to change without passenger notification. Employees of Citibus adhere to a strict code of confidentiality and privacy regarding its passengers and their personal information. Fraudulent information will lead to termination of riding privileges.

Last Name, First