

Organization/Facility Registration

Date: _____

Organization/Facility Name: _____

Street Address _____ Suite _____

City _____ State _____ Zip code _____

Total number of passengers: _____ passenger registration form attached

Hours of Operation: Open _____ Close _____ (requested return pickup)

Primary Contact:

Name: _____
Title: _____
Phone: _____
E-Mail: _____

Alternate Contact:

Name: _____
Title: _____
Phone: _____
E-Mail: _____