



Trip Reduction Program Registration Form

Yes! Sign me up as a registered Alternative Mode User (AMU). I understand that I am now eligible to participate in the Guaranteed Ride Home program and all of the other incentives associated with the company's TRP Program when I use an alternative mode of transportation (anything other than driving alone).

School Site: _____

Employee Name (print): _____

Contact me at: _____

I am a New AMU

I am a Re-Registering AMU

I will participate by (check all that apply):

Carpool/Vanpool ___ Bike ___ Walk ___ Bus ___ Other ___

Carpool Participants (Check all that apply):

Driver Only:

Passenger Only:

Driver &/OR Passenger:

I request permission to use carpool/vanpool parking: Yes No

License Plate Number: _____

Carpool Partner's name: _____

Carpool Partner's Contact Info: _____

Carpool Partner's Employer (if different): _____

Employee Signature: _____ **DATE:** _____

Office Use Only:

Carpool parking space/hang tag assigned: _____ **Date** _____

Trip Coordinator Signature: _____ **DATE:** _____

Notes: _____