



SHARED RIDE GROUP TRIP RESERVATION FORM

Today's Date			
Group Information:			
Group Name			
<i>For Adams County Senior Centers <u>only</u>:</i>			
Senior Center Open?	___ Yes ___ No	OFA Billing Authorized?	___ Yes ___ No
Contact Details	Full Name		
	Email Address		
	Daytime Telephone		
	Fax Number		
Number of Participants (please estimate if unknown)			<i>...be sure to include all escorts</i>
Preferred vehicle capacity (please circle)		seats up to 18	seats 19-34 seats 35 or more
Please list applicable seating requirements			
Trip Information:			
Date Requested		Requested Departure Time	
Trip Origin (Departure Place)			
Street Address		City	Zip
Please list each destination below:			
Destination 1			
Street Address		City	Zip
Requested Arrival Time		Requested Departure Time	
Destination 2			
Street Address		City	Zip
Requested Arrival Time		Requested Departure Time	
Destination 3			
Street Address		City	Zip
Requested Arrival Time		Requested Departure Time	

For assistance in completing this form, please contact [rabbittransit](tel:717-846-7433) at 717-846-7433.