

REGISTRATION FORM

NAME _____

ADDRESS _____

DATE OF BIRTH: _____

TELEPHONE # Home _____ Cellular # _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE #: _____

Do you use a wheelchair/scooter? Yes _____ No _____

If you have any questions about this form please call 228-4800 for assistance. Mail to:
RTC (FDR), 600 S. Grand Central Pkwy., #350, Las Vegas, NV., 89106-4512.

Below this line for Regional Transportation Commission use only

DATE: _____

ASSIGNED BY _____