

**CLOSTER, HARRINGTON PARK AND HAWORTH
SENIOR TRANSPORTATION PROGRAM
BUS REGISTRATION FORM**

(The form may be dropped off or mailed to the address at the bottom of the page)

NAME _____

ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

DATE OF BIRTH (MO/DAY/YEAR) _____

DO YOU CURRENTLY OWN A VEHICLE? YES _____ NO _____

IF YES, ARE YOU CURRENTLY ABLE TO DRIVE? YES _____ NO _____

DO YOU REQUIRE A COMPANION TO TRAVEL? YES _____ NO _____

DO YOU REQUIRE A WHEELCHAIR TO TRAVEL? YES _____ NO _____

DO YOU USE A WALKER? YES _____ NO _____

IN THE EVENT OF EMERGENCY:

CONTACT NAME: _____

CONTACT PHONE: _____

IF DISABLED, PLEASE BRIEFLY INDICATE THE NATURE OF THE DISABILITY.
A PHYSICIAN'S NOTE MAY BE REQUESTED.

**Closter, Harrington Park and Haworth
Senior Transportation Program
300 Haworth Avenue
Haworth, NJ 07641**