



SUMMER YOUTH BUS PASS APPLICATION

Youth (age 6-17)

(Please print or type)

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____

Age: _____ Date of Birth ____/____/____ Male Female

Email Address: _____

(Optional, if you would like to receive announcements from Amador Transit via electronic mail.)

Parent / Guardian Emergency Contact Information

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Parent/Guardian Signature: _____

(Required for children less than 12 years of age.)

Email Address: _____

(Optional)

All information on this application is for Amador Transit use only and will not be disclosed to any other party.

Date ID card issued: _____	Expiration date: _____
Eligibility verified by: _____	