



RideFinders Carpool Registration

www.ridefinders.org • 800-847-7433

Register Your Carpool to Guarantee Peace of Mind

Do you carpool to work with your spouse, co-worker or another commuter? Register your carpool for FREE to receive FREE taxi rides home if you have to leave work early or work late with RideFinders' **Guaranteed Ride Home (GRH) Program*** to guarantee peace of mind!

**Requires employer's FREE participation in RideFinders. Call (800) 847-7433 for more information.*



Carpool Member #1 Gender M F

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

How to Register Your Carpool

- 1.) Provide the home and work information for ALL members below or use the online version at www.ridefinders.org
- 2.) Fax or mail the completed form to **(618) 797-5494** or **RideFinders, 1 Transit Way, Granite City, IL 62040.**
- 3.) If your employer participates in RideFinders, you will receive an e-mail or letter on how to use the GRH Program.
- 4.) If your employer is NOT participating in RideFinders, you will be contacted to try to obtain their participation.

Would you like to add commuters to your carpool?

Yes No

Would you like to be contacted for media requests?

Yes No

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work e-mail: _____

Work Hours: _____ AM / PM _____ AM / PM

Carpool Member #2 Gender M F

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work e-mail: _____

Work Hours: _____ AM / PM _____ AM / PM

Provide information for Carpool Members #3, 4, 5, 6 on the back of the form.

Carpool Member #3

Gender M F

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work e-mail: _____

Work Hours: _____ AM / PM _____ AM / PM

Carpool Member #4

Gender M F

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work e-mail: _____

Work Hours: _____ AM / PM _____ AM / PM

Carpool Member #5

Gender M F

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work e-mail: _____

Work Hours: _____ AM / PM _____ AM / PM

Carpool Member #6

Gender M F

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Phone: _____

E-mail: _____

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work e-mail: _____

Work Hours: _____ AM / PM _____ AM / PM