



Van Gogh Rider Registration Form

NOTE: Please Print

Agency/Group Name: _____

Trip Coordinator's name and Phone #: _____

Trip Coordinator's Email or Fax # _____

Rider Name: _____

SF Paratransit Client ID # (if applicable): _____

Date of Birth: _____

Rider's home address: _____

Rider's phone number: _____

Rider's must meet one of the following criteria: (Please check all that apply)

Disabled and have a Regional Transit
Connection ID Card

Age 65 or older.....

Enrolled in Paratransit

Enrolled in Shop-a-Round.....

Staff or volunteer with coordinating
agency or group



*Submit completed Van Gogh Shuttle Rider Registration Form to your trip coordinator.

**Requests must be received at least five business days in advance of the requested trip to guarantee a space on the vehicle.