

TOWNSHIP OF SCOTCH PLAINS
SENIOR CITIZENS' TRANSPORTATION
REGISTRATION FORM

Please Print

Date: _____

Name: _____
Last First

Address: _____

Town: _____ **Residence**
Phone: _____

Birth date: _____ (Must be 55 or older)

Disabilities or other considerations: _____

Emergency Contact:

Name: _____ **Phone:** _____

Address: _____

Town: _____ **Relationship:** _____

Transportation Desired – Please Check appropriate line:

| | <u>Destination</u> | <u>Every Week</u> | <u>On-Call Basis</u> |
|-------------------------|-------------------------------|-------------------|----------------------|
| <u>Monday</u> | Fanwood Club | _____ | _____ |
| <u>Tuesday</u> | S.P. Meridian Club | _____ | _____ |
| <u>Wednesday</u> | Blue Star Shopping Center | _____ | _____ |
| <u>Thursday</u> | S.P. Golden Ages | _____ | _____ |
| <u>Friday</u> | Blue Star Shopping Center | _____ | _____ |
| <u>Other</u> | Medical/Doctor's office visit | n/a | _____ |

- Shopping trips are scheduled by the driver based on location of the resident and number of persons registered for a respective trip.
- Medical trips are subject to bus availability and are scheduled on a first come first served basis. Reservations should be made as far in advanced as possible.
- **All passengers (age 55 and over) must be self-reliant or be accompanied by an aide.**
- See "Senior Transportation Services" flyer and "Guidelines for Senior Citizens Bus Passengers" for specific details or call (908) 322-5151.

Return to: Scotch Plains Parks & Recreation
 Senior Services Transportation
 Room 113, Municipal Building
 Scotch Plains, N.J. 07076