

RideFinders Carpool Registration

How to Register a Carpool

1. Carpools can be registered online at www.ridefinders.org. Participants of the carpool are invited via email to complete the registration process. Carpools require a minimum of two participants to be registered as a carpool.
2. Carpools may also register by completing this printed form and returning to RideFinders via email at ridefinders@mct.org, by faxing to RideFinders at **618-797-5494** or mailing to **RideFinders at 1 Transit Way, Granite City, IL 62040**.
3. If your employer participates in RideFinders, you will receive information on how to use the Guaranteed Ride Home program.
4. If your employer does not participate in the RideFinders GRH program, we will contact your employer with program information.

Register Your Carpool to Guarantee Peace of Mind

If you share the ride to work with your spouse, neighbor, coworker or another commuter, then you're in a carpool. Register your carpool with RideFinders for FREE and you will receive up to four (4), \$125 emergency rides home per year with the **Guaranteed Ride Home** (GRH) Program*.

* Requires employer participation in RideFinders. Call (314) 621-7433 for more info.

* There is no minimum number of days that commuters are required to carpool. We simply ask that participants carpool as often as possible.

Would you like to invite other commuters to your carpool?

Yes No



RideFinders.org | (314) 621-7433

Carpool Member #2 Gender M F Other

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work Hours: _____ AM / PM to _____ AM / PM

E-mail: _____

Carpool Member #2 Gender M F Other

Name: _____

Address: _____ Apt. _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

Employer: _____

Work Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Work Hours: _____ AM / PM to _____ AM / PM

E-mail: _____

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

Carpool Member #3

Gender M F Other

Name: _____
Address: _____ Apt. _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____

Employer: _____
Work Address: _____
City: _____
State: _____ Zip Code: _____
Work Phone: _____
Work Hours: _____ AM / PM to _____ AM / PM
E-mail: _____

Carpool Member #4

Gender M F Other

Name: _____
Address: _____ Apt. _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____

Employer: _____
Work Address: _____
City: _____
State: _____ Zip Code: _____
Work Phone: _____
Work Hours: _____ AM / PM to _____ AM / PM
E-mail: _____

Carpool Member #5

Gender M F Other

Name: _____
Address: _____ Apt. _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____

Employer: _____
Work Address: _____
City: _____
State: _____ Zip Code: _____
Work Phone: _____
Work Hours: _____ AM / PM to _____ AM / PM
E-mail: _____

Carpool Member #6

Gender M F Other

Name: _____
Address: _____ Apt. _____
City: _____
State: _____ Zip Code: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____

Employer: _____
Work Address: _____
City: _____
State: _____ Zip Code: _____
Work Phone: _____
Work Hours: _____ AM / PM to _____ AM / PM
E-mail: _____