

**THRIVING IN RHINEBECK
SENIOR TRANSPORTATION PROGRAM
REGISTRATION FORM**

DATE: _____

NAME: _____	
ADDRESS: _____	
HOME PHONE _____	CELL: _____

Are you in need of transportation to medical appointments? _____

Do you live alone? _____

Can you step up the stairs of the van unassisted? _____

List at least two (2) emergency contact numbers	
1) Name: _____	Phone: _____
Address: _____	
Relationship: _____	
2) Name: _____	Phone: _____
Address: _____	
Relationship: _____	
List any medical conditions or physical limitations you think the driver should be aware of:	

PLEASE MAKE RESERVATIONS 48 HOURS IN ADVANCE by calling the Town Clerk's Office at 845-876-3409.