

STEGER COMMUNITY VEHICLE

RIDER INFORMATION

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone Number : \_\_\_\_\_

Do you need any special requirements ? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(such as wheelchair, walker, cane etc.)

Emergency Contact Name : \_\_\_\_\_

Emergency Contact Number : \_\_\_\_\_

\_\_\_\_\_

For office use only

ID provided \_\_\_\_\_ Initials \_\_\_\_\_