



SENIOR ADULT GROUP INFORMATION

GROUP NAME: _____

President's Name: _____ E-Mail Address: _____

Mailing Address: _____

Phone #: _____
(Home) (Cell) (Work)

TRIP COORDINATOR:

Name: _____ E-Mail Address: _____

Mailing Address: _____

Phone # _____
(Home) (Cell) (Work)

ALTERNATE TRIP COORDINATORS:

1.) Name: _____ E-Mail Address: _____

Mailing Address: _____

Phone #: _____
(Home) (Cell) (Work)

2.) Name: _____ E-Mail Address: _____

Mailing Address: _____

Phone #: _____
(Home) (Cell) (Work)

3.) Name: _____ E-Mail Address: _____

Mailing Address: _____

Phone #: _____
(Home) (Cell) (Work)

4.) Name: _____ E-Mail Address: _____

Mailing Address: _____

Phone #: _____
(Home) (Cell) (Work)

TRANSPORTATION PICK UP LOCATION:

Name of Facility: _____

Address: _____

Fill out this form for new groups, or when a revision is needed in the listing of your active trip coordinators. Please return this completed form to the address below to the attention of:

**SENIOR ADULT PROGRAM
TRANSPORTATION DEPARTMENT**

OFFICE USE ONLY:
New Group: yes _____ no _____ New Coordinator: yes _____ no _____ Replacing current Coordinator: yes _____ no _____
Assigned Annual Group Number: _____ Updated by: _____ Date: _____