



# REGISTRATION FORM FOR ANTRIM COMMUNITY BUS TRIPS

**Bus Trip:** \_\_\_\_\_  
*(Please fill in name and date of trip you are interested in)*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **# of Seats Needed:** \_\_\_\_\_

**Do you need any assistance getting to the bus meeting place, explain?** \_\_\_\_\_

\_\_\_\_\_  
**Do you need assistance getting on or off the bus? YES or NO**

**Return slip & payment to Antrim Recreation, PO Box 517, Antrim NH 03440**