

**Sharing the ride to
and from work is
easy! It saves money,
time, and it's**

FUN!

Whether you carpool with a spouse, friend, co-worker, or matchlist match, we want to reward you! First, if you carpool twice a week, we will send you a free Commuter Club membership. It includes a discount card and an emergency ride home. Then, if you carpool at least three times a week, we'll send you a preferential Rideshare Parking Permit. There is no charge and it's a great way to reward great behavior! You'll save our air and save some money!

Sign up today and get credit for your carpool!

For more information or questions, call
602.542.7433.

Capitol Rideshare
100 N. 15th Ave Suite 431
Phoenix - Interagency

Fold and return to:



**Wanna Go For A
RIDE?**

Why not share it...

Get started today! You and your carpool partner need to fill out the information below. Remember, your carpool partner does not have to be another State employee. It can be a spouse, neighbor, friend, or co-worker. Need to find someone? Complete a matchlist online at our website. Return the application to us or you can also complete it online at www.capitolrideshare.com.

Let us give you a reward for your great behavior!

Capitol Rideshare
www.capitolrideshare.com 602.542.RIDE

Fill out this form completely and return to Capitol Rideshare.

Carpooler #1

Last Name: _____ First Name: _____

Street Address (home): _____

City: _____ ZIP: _____

Agency Name: _____ Division: _____ Work Phone: _____

Street Address (work): _____

City: _____ ZIP: _____ Rm#/Mail Drop: _____

Work Start Time: _____ am/pm Stop Time: _____ am/pm

License Plate #: _____ Driver's License #: _____

E-mail address: _____

Circle one: Share Driving Ride Only Drive Only

Carpooler #2

Last Name: _____ First Name: _____

Street Address (home): _____

City: _____ ZIP: _____

Agency Name: _____ Division: _____ Work Phone: _____

Street Address (work): _____

City: _____ ZIP: _____ Rm#/Mail Drop: _____

Work Start Time: _____ am/pm Stop Time: _____ am/pm

License Plate #: _____ Driver's License #: _____

E-mail address: _____

Circle one: Share Driving Ride Only Drive Only

Return this form
via interagency mail to:

**CAPITOL
RIDESHARE
100 N. 15 Avenue
#431**

or
**FAX TO
602.542.3636**

or complete it online at
www.capitolrideshare.com

**Each person must
complete their portion.**