



**Winfield Township/West Chicago Park District Senior
Transportation Services Registration**



All information is required – Please Print

Name: _____ Phone Number: _____

Address: _____ Apt. #: _____

Town: _____ Zip Code: _____ Date of Birth: _____

Do you have any of the following aids to mobility? (check all that apply)

Cane _____	Crutches _____	Electric Wheelchair _____
Guide Dog _____	Personal Care Attendant _____	Prosthesis _____
Scooter _____	Walker _____	Wheelchair _____

Person to notify in case of emergency:

Name: _____

Relationship: _____ Phone Number: _____

Address: _____ Town: _____

Signature of applicant or person filling out application:

(Signature)

(Printed name and relationship if other than applicant)

PLEASE READ AND SIGN THE WAIVER ON THE BACK OF THIS FORM

Please attach proof of age and residency to this registration form.