



## TRANSPORT DE PERSONNES HSF REGISTRATION FORM

Thank you for returning this form:

**By mail / in person:** 120, rue Angus Nord, bureau 101 East Angus (QC), J0B 1R0

**By fax:** (819) 832-2619

**By e-mail:** info@transporthsf.com

*The information provided will remain confidential and exclusively for Transport de personnes HSF.*

Registration services:       Collective transportation       Carpooling

### IDENTIFICATION:

Mrs.    Mr.   Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

City: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Cell number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth\* (year/month/date): \_\_\_\_\_

\*For applicants 13 years and under, please have it signed by a parent or a legal guardian.

### PERSON TO CONTACT IN CASE OF EMERGENCY:

Last name and first name: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Relation with the applicant: \_\_\_\_\_

**I certify that the information provided are true. I understand that any false information may result in to a refusal of my registration. I agree to the terms and regulations when using collective transportation.**

Applicant's signature obligated:

Date: