

Mulvane Senior Center

632 E. Mulvane St.
Mulvane, KS 67110
316-777-4813



Mulvane C.A.T. Rider Registration

Name of Registrant (PRINT): _____

Date of Birth: ____/____/____ Age: _____ Contact Phone: () _____ (H or C)

Address: _____

Race: (Optional) _____ Email: _____

Is this address inside Mulvane city limits (CIRCLE ONE)? YES NO NOT SURE

Names of Riders at Address	Date of Birth	Age	Gender (not required)	Race (optional)

Emergency Contact: _____ Relationship to Rider: _____

Contact Phone: (H) _____ (C) _____

**To help us serve you better, please check any of the following that apply to riders:
(Optional: This information is used only to help accommodate transportation needs.)**

____Hearing Impaired ____Visually Impaired ____Speech Impaired ____Cognitively Impaired
____Memory Impaired ____Use Cane/Crutch ____Use Oxygen ____

Other, please explain: _____

Please check which mobility device(s) you will use during transport:

____Wheelchair ____Scooter ____Walker ____Motorized Wheelchair

Signature: _____ Date: _____