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# Wilson School District No. 7

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## REGISTRATION FORM FOR TRAVEL REDUCTION PLAN (TRP) PROGRAM

I \_\_\_\_\_ use an alternate mode of transportation to work.

I would like to use the carpool parking space designated for Wilson Elementary School (4-8).

I would like to use the carpool parking space designated for Wilson Primary School (K-3).

I would like to use the carpool parking space designated for the District Office.

I do not need to use a designated carpool space.

**Individuals I carpool/vanpool with:** \_\_\_\_\_

\_\_\_\_\_

License Plate Number: \_\_\_\_\_

**I ride the light rail/bus/bike/walk to work:**  YES  NO

**PLEASE NOTE:** Carpool parking spaces will be assigned on an alternate basis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date