

YOUTH CRUISER SMARTRIP® REGISTRATION

Restricted to Montgomery County residents – ages 18 and under



ALL FIELDS MUST BE COMPLETED

PRINT ONLY:

- New Card Replacement Card

Child's Name (first, middle initial, last): _____

Child's Date of Birth (mm/dd/yyyy) _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (Parent/Child): (____) _____ Email (Parent/Child): _____

Please choose three of these security questions and provide answers (20 characters or less) below.
Number your questions to correspond with your answers:

- | | |
|--|--|
| _____ What is the make of your first vehicle? | _____ What is your grandfather's first name? |
| _____ What is your favorite cartoon character? | _____ Who was your childhood hero? |
| _____ What is the title of your favorite book? | _____ What was your favorite teacher's name? |
| _____ What is your father's middle name? | _____ What was your childhood nickname? |
| _____ What is your favorite pet's name? | _____ What is your favorite childhood friend's name? |
| _____ What was your high school mascot? | _____ What was your first stuffed animal's name? |
| _____ What is your grandmother's first name? | _____ In what city did your mother and father meet? |

1. _____ 2. _____ 3. _____

Please bring this form filled out above this box to any of the card distribution locations @ <https://www.montgomerycountymd.gov/DOT-Transit/fares/youth-cruiser.html> see #4 for list on website

This information will be used for the Ride On Youth Cruiser Program only. RIDE ON will disclose information pursuant to applicable laws or for law enforcement purposes. For SmarTrip card concerns, please call 1-888-SMARTRIP (762-7874) or email: smartrip@wmata.com

FOR SALES AGENT USE ONLY (PLEASE PRINT)

Agency (check one)

- Library School TRiPS--Silver Spring Commuter Mobile Store Montgomery County
Division of Treasury- Rockville

Customer must present proof of age: (birth certificate, passport or State issued ID)

Customer must present proof of residency: (State ID, learner's permit, school transcript or school correspondence with name & address)

Agent's Name: _____ Sales Location : _____

Phone: _____ Date: _____

Fare Media Office

Email: faremedia.sales@montgomerycountymd.gov

Fax: 240-777-5881