



2014 SUMMER SHUTTLE BUS PASS APPLICATION

Adult Name (Last/First): _____ Date: _____

Address: _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ E-mail Address: _____

Emergency Contact (Name/Phone #): _____

Passenger Name	Birth date	Pass Type	Fee
_____ <i>Last First</i>	_____	_____	_____
_____ <i>Last First</i>	_____	_____	_____
_____ <i>Last First</i>	_____	_____	_____

Please make Checks payable to the City of Agoura Hills Total Fee \$_____

I agree to review the rules for safe bus conduct with my child(ren) and have retained these rules for future reference. I agree that my child(ren) will adhere to and abide by them. Furthermore, I understand that should my child(ren) not comply, transportation may be denied. In this event, I have the responsibility of arranging for transportation for my child(ren). I have received copies of the bus routes and schedules and understand that service will be provided only on specified days.

Signature of Parent/Guardian

Shuttle Pass Prices	
Round Trip.....	\$75
One Way Only (choose am or pm)...	\$50
Replacement Card	\$10
Single Ride.....	\$2

Bus Schedule	
AM	PM
Three Springs Park.....6:35 am	Calabasas High School12:50 pm
Foxfield/Lindero Canyon...6:45 am	Agoura High School.....1:25 pm
Agoura Hills Rec. Center....6:55 am	Agoura Hills Rec. Center.....1:35 pm
Agoura High School.....7:08 am	Foxfield/Lindero Canyon...1:45 pm
Calabasas High School7:22 am	Three Springs Park.....1:55 pm

Passenger(s) Last Name: _____

Summer Shuttle Pass #: _____

For Office Use Only:	
Date Issued _____	Staff Initials: _____
Payment Type: _____	Date: Processed: _____

Department of Community Services
Agoura Hills Recreation Center
 30610 Thousand Oaks Boulevard
 Agoura Hills, CA 91301
 Phone #: (818) 597-7361
 Fax #: (818) 597-7365
 Monday-Thursday: 7am-6pm/Fridays: 7am-4pm