



# Enrollment Form

The Late Shift Connect Program is open to Broward residents who have a job in Broward County that begins or ends during the late shift (11:00pm to 6:00am), when Broward County Transit buses are not available to provide the trip. If you have any program questions, please call 954-357-8405, email [lateshiftconnect@broward.org](mailto:lateshiftconnect@broward.org) or visit [lateshiftconnect.org](http://lateshiftconnect.org)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone # \_\_\_\_\_

Employer Human Resources Director: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Report-to-Work Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Shift Start Time: \_\_\_\_\_ Shift End Time: \_\_\_\_\_

I hereby agree to participate in the in the Late Shift Connect Program. I understand I must first pay \$2 per work trip from my Late Shift Connect online account or the program payment card will not work. I understand the Late Shift Connect Program will pay up to \$15 of the metered fare when I swipe the program payment card and that I am responsible for paying the \$2 copay and any remaining balance. I understand that trips are limited to one (1) per day and five (5) per week Sunday-Saturday and must start and end in Broward County. I understand that I must have my Late Shift Connect Program card with me when traveling or I am responsible for the entire cost of the trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return the completed form to:**

**BROWARD COUNTY TRANSIT**

1 North University Drive, Suite 2400B Plantation, FL 33324

OR you may complete, sign, scan and email this enrollment form to:

[lateshiftconnect@broward.org](mailto:lateshiftconnect@broward.org)