## Van Gogh Trip Request Form

oday's Date:
gency/Group Name:
ay and Date of Trip:
'ill this be a round trip? (yes or no):
ature of Trip:
oordinator Contact Name:
oordinator Contact Phone:
oordinator Contact E-mail:
/heelchair Rider Count:
mbulatory Rider Count:
ckup Address:
estination Name:
estination Address:
esired Arrival Time:
esired Return Pickup Time:
eturn Pickup Address (if different from destination
ldress):
rop-off Address:

- To request a Van Gogh trip, the above form must be filled out completely and submitted via attachment to <u>MobilityOptions@SFMTA.com</u>. Please include "Van Gogh Trip Request" in the subject line.
- Requests must be received at least seven (7) business days in advance of the requested trip date.
- Approval for specific trip requests will be based on availability of drivers and vehicles and will be granted on a 'first-come, first-served' basis.
- If a trip is approved, a confirmation notification will be emailed to the Agency/Group Coordinator.
- A \$5.00 per person round-trip fare will be collected prior to the outgoing trip for all riders, including Agency staff accompanying the group. The requesting Agency/Group is responsible for ensuring that all fares are paid.
- Please contact the Mobility Management Center at <u>MobilityOptions@SFMTA.com</u> or (415) 351-7053 with any questions or concerns.