



### Pre-School Registration Form

Contact Person: \_\_\_\_\_

School or Group Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Requested Date and Time of Tour: \_\_\_\_\_

Expected Number of Attendees: Students- \_\_\_\_\_ Adults- \_\_\_\_\_

**Please note:** All group tours will be available on a first come first served basis – advance reservations only. There will be a \$25.00 refundable deposit required to hold your timeslot payable by check or money order. Cancellations must be made no less than one (1) business day before the reserved date. If you do not cancel your reservation with at least one (1) business day notice, your group will be counted as a “no show” and will therefore forfeit all deposit money. Deposits are fully refundable upon conclusion of your group tour or if cancellation is made at least one (1) business day in advance. Please contact our Mobility Planning Department to assess availability.

Please make Check or Money Order payable to:

rabbittransit  
415 Zarfoss Drive  
York, Pa 17404

#### For Office Use Only:

Date of Registration Form Received:	_____	Staff Initials	_____
Date Copy of Check Made:	_____	Staff Initials	_____
Check Returned to Group Date:	_____	Staff Initials	_____
Group Leader Signature and Date :	_____		_____