Bus and Light-Rail Tickets, Group Sales
Group Ticket Order Form

1. Complete the order form below; minimum order is $200. Complete a new order form for each event with a unique date and time.

2. Submit the completed order form by mail to Metro Transit Sales Operations, 560 Sixth Ave. N., Minneapolis, MN 55411-4398, fax **(612-349-7763)** or e-mail **salesoperations@metrotransit.org**. Your order will be processed upon payment. Please contact 612-349-7504 to discuss payment options.

Local Fare
Valid for 2 ½ hours of rides on local buses, light rail or A Line buses — SUBTOTAL

	Non-Rush + Weekend	Rush Hour (M–F, 6–9 a.m. & 3–6:30 p.m.	
Adult	$2.00 QTY: _____	$2.50 QTY: _____	
Youth, Senior & Medicare	$1.00 QTY: _____	$2.50 QTY: _____	
Persons with Disabilities	$1.00 QTY: _____		
Downtown Zone	$0.50 QTY: _____		

All-Day Pass – Weekday Tickets *(Mon. - Fri.)*
Valid for unlimited rides on buses and light rail until 2 a.m. the next day — SUBTOTAL

	PRICE OF PURCHASED ALL-DAY PASS TICKETS USED BETWEEN:		
	Midnight – 9 a.m.	9 a.m. – 6:30 p.m.	6:30 p.m. – midnight
Adult	$5.00 QTY: _____	$4.50 QTY: _____	$4.00 QTY: _____
Youth, Senior & Medicare	$5.00 QTY: _____	$3.50 QTY: _____	$2.00 QTY: _____
Persons with Disabilities	$2.00 QTY: _____		
Downtown Zone*	$1.00 QTY: _____		

All-Day Pass – Weekend/Holiday Tickets *(Sat. - Sun. or Official Holiday)*
SUBTOTAL

Adult	$4.00 QTY: _____	
Youth, Senior, Medicare & Persons with Disabilities	$2.00 QTY: _____	

24–Hour Pass*
Valid for unlimited rides on buses (including A Line) and light rail for 24 hours from first use — SUBTOTAL

All Rider Types	$6.50 QTY: _____	

Visitor Pass
Valid for unlimited rides on buses (including A Line) and light rail until 2 a.m. the next day — SUBTOTAL

All Rider Types	$5.00 QTY: _____	

The 24-Hour Pass and Downtown Zone All-Day Pass are the same price for weekdays and weekends.

Event Date ___/___/___   Trip Start Time: _____   **Total Order** $ _____

Event type/purpose: _____

Delivery Options
Please check one box.

☐ Standard delivery, allow five (5) days for delivery   ☐ Pick-up, allow three (3) days for order fullfillment confirmation call

Required Information

Name _____   Organization Name _____

Email _____   Phone Number _____   FAX _____

Address _____

City _____   State _____   Zip _____

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