Parents and Students

City, State, ZIP

Student 10-Ride Card Order Form (available at metrotransit.org/buy-by-mail)

- 1. Complete the order form below and sign the responsibility agreement.
- 2. Submit the completed order form by mail to Metro Transit, US Bank Center, Skyway Level Suite 270, 101 East 5th St., St. Paul, MN 55101-9009. Please allow five (5) business days for delivery.

	Price	x	Quantity	=	Total
Student 10 Ride-Card (K-12) Valid for 10 rides on buses and trains up to a \$3.2 fare for customers with a valid Student ID.	⁵ \$15.00				\$
Required Information					
Student Name		Parent or	Guardian Name	!	
Address	ty, State and ZIP Co	ode		Phone	e Number
By typing or signing my name below, I agre use of a Student 10-Ride Card (see below).	e to the rules and re	gulations	as set forth by th	ne Metro	politan Council in regard to
Student	Pare	nt/Guardia	an		
Please read the following important information a By purchasing this card, you agree to the rules and 10-Ride Card. This card is only for students (K-12). Student Responsibility Every ride must be validated by touching the cate Each ride includes a 2.5 hour transfer that his auticarry a valid K-12 student ID when riding and she is Students must take care of their cards. Cards care Damaged cards will not be accepted for fare passed in Damaged, lost or stolen cards can not be replaced. Cards will not be accepted for exchange or return the replaced in t	rd to a Go-To Card reatomatically embedded now it upon request by mnot be laminated, holyment.	ader on the d in the card Metro Tran le punched,	etropolitan Counc bus or at the rail s . No paper transfe sit police officers of stapled, washed,	il in regard tation plat rs will be i or bus ope	d to use of a Student form. ssued. erators.
Method of Payment					
☐ Check Make payable to Metro Transit and Metro Transit will assess a \$30 har	d ensure your currer	nt address curned che	is printed on the cks. No starter o	e check. hecks.	
☐ Credit Card Type: ☐ MasterCard ☐ VI	SA Discover A	American E	Express		
Card number		Expir	ation Date		
Authorized Signature* *By signing this form or typing my name, I agree to authorize pays	ment.		Date		
Complete Return Address					
Name					
Address					

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