



THE EMERGENCY RIDE HOME PROGRAM

Application Form

Full Name: _____ UBC Student/Employee #: _____

Home Address: _____

City: _____ Postal Code: _____

Home Ph #: _____ Work Ph #: _____

Email: _____

Date of Ride: _____ Time of Ride: _____

Cost of Ride (excluding tip): _____ Taxi Company Used: _____

Reason for Using the ERH Program: _____

Reference Name (ie. family doctor): _____

Reference Contact Information: _____

**Return your Completed Application to the UBC TREK Program Centre
#110 - 2075 Wesbrook Mall, GSAB, Vancouver BC V6T 1Z4**