Parents and Students

Address

City, State, ZIP

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

- 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. **All sales are final.**

	Price	х	Quantity	=	Total
Student 10-Ride Card (K-12)					
Valid for 10 rides on buses and trains up to a \$ fare for customers with a valid Student ID.	3.00 \$13.50				\$
Required Information					
Student Name		Parent or	Guardian Nam	ne	
Address	City, State and ZIP Co			Phone	e Number or E-mail
Address	orty, State and Zir Co	<u> </u>			e Number of E-mail
By typing or signing my name below, I ag use of a Student 10-Ride Card (see below		egulations	as set forth by	the Metro	politan Council in regard
Student	Pare	nt/Guardi	ian		
Terms and Conditions for Disposable Go	-To Cards for Studer	rts (K-12)			
Please read the following important information By purchasing this card, you agree to the rules 10-Ride Card. This card is only for students (K-1	and regulations as set fo				
Student Responsibility					
• Every ride must be validated by touching the Each ride includes a 2.5 hour transfer that his					
• Carry a valid K-12 student ID when riding and					
• Students must take care of their cards. Cards		ole punched	d, stapled, washe	d, crumpled	l, etc.
Damaged cards will not be accepted for fare					
Damaged, lost or stolen cards can not be rep			l-+-		
Cards will not be accepted for exchange or re	eturn by Metro Transit st	ores or out	iets.		
Method of Payment					
☐ Check Make payable to Metro Transit Metro Transit will assess a \$30 k					
☐ Credit Card Type: ☐ MasterCard ☐	VISA 🗌 Discover 🗌	American	Express		
Card number		Exp	iration Date		
Authorized Signature			Date		
Authorized Signature L					
Complete Return Address					
Name and a second					

