

# CARPOOL CLUB APPLICATION

Return to: UNCG parking office, Walker Avenue Parking Deck, 506 Stirling Street  
Mail: UNCG POCAM, PO Box 26170, Greensboro, NC 27402-6170  
Phone: 336.334.5681 Fax: 336.334.5567 Email: [carpool@uncg.edu](mailto:carpool@uncg.edu)

UNCG Carpool Club parking permit requested: A B C E K M W  
Preferred parking location: \_\_\_\_\_

By signing this agreement, each rideshare partner agrees to abide by the terms specified herein.

1. \_\_\_\_\_

|                            |             |                     |             |             |                 |           |
|----------------------------|-------------|---------------------|-------------|-------------|-----------------|-----------|
| Name <i>(please print)</i> |             |                     |             |             | UNCG ID#        |           |
| Signature                  |             |                     |             |             | Date            |           |
| Email                      |             |                     |             |             | Phone           |           |
| Vehicle Make               | Model       | Type                | Color       | Year        | License Plate   | State     |
| <i>Example: Chevrolet</i>  | <i>Volt</i> | <i>4 door sedan</i> | <i>Blue</i> | <i>2012</i> | <i>UNCG-123</i> | <i>NC</i> |
| Insurance Company          |             |                     |             |             | Policy Number   |           |

2. \_\_\_\_\_

|                            |       |      |       |      |               |       |
|----------------------------|-------|------|-------|------|---------------|-------|
| Name <i>(please print)</i> |       |      |       |      | UNCG ID#      |       |
| Signature                  |       |      |       |      | Date          |       |
| Email                      |       |      |       |      | Phone         |       |
| Vehicle Make               | Model | Type | Color | Year | License Plate | State |
| Insurance Company          |       |      |       |      | Policy Number |       |

3. \_\_\_\_\_

|                            |       |      |       |      |               |       |
|----------------------------|-------|------|-------|------|---------------|-------|
| Name <i>(please print)</i> |       |      |       |      | UNCG ID#      |       |
| Signature                  |       |      |       |      | Date          |       |
| Email                      |       |      |       |      | Phone         |       |
| Vehicle Make               | Model | Type | Color | Year | License Plate | State |
| Insurance Company          |       |      |       |      | Policy Number |       |

4. \_\_\_\_\_  
 Name *(please print)* UNCG ID#

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Signature Date

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Email Phone

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|              |       |      |       |      |               |       |
|--------------|-------|------|-------|------|---------------|-------|
| Vehicle Make | Model | Type | Color | Year | License Plate | State |
|--------------|-------|------|-------|------|---------------|-------|

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Insurance Company Policy Number

5. \_\_\_\_\_  
 Name *(please print)* UNCG ID#

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Signature Date

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Email Phone

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|              |       |      |       |      |               |       |
|--------------|-------|------|-------|------|---------------|-------|
| Vehicle Make | Model | Type | Color | Year | License Plate | State |
|--------------|-------|------|-------|------|---------------|-------|

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Insurance Company Policy Number

6. \_\_\_\_\_  
 Name *(please print)* UNCG ID#

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Signature Date

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Email Phone

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|              |       |      |       |      |               |       |
|--------------|-------|------|-------|------|---------------|-------|
| Vehicle Make | Model | Type | Color | Year | License Plate | State |
|--------------|-------|------|-------|------|---------------|-------|

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Insurance Company Policy Number

7. \_\_\_\_\_  
 Name *(please print)* UNCG ID#

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Signature Date

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Email Phone

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|              |       |      |       |      |               |       |
|--------------|-------|------|-------|------|---------------|-------|
| Vehicle Make | Model | Type | Color | Year | License Plate | State |
|--------------|-------|------|-------|------|---------------|-------|

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Insurance Company Policy Number

Questions? Email: [carpool@uncg.edu](mailto:carpool@uncg.edu)