

2025 WOTA Registration Passenger Information

Send to: WOTA, 250 W. Livingston Rd., Highland, MI 48357 or email to: info@rideWOTA.org Office Phone: (248) 887-4979

Low Income Qualification for Families ONLY

I, _____, have earned \$ _____ within the last 12 months.

Number of _____ members in my family (including myself) I am supporting.

2025 Poverty Guidelines Number of Members of Household	150% Poverty Maximum
1	\$23,475
2	\$31,725
3	\$39,975
4	\$48,225

Minor Consent Form

I/We, _____, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

Full Name: _____

Date of Birth: _____ Male or Female (please circle one)

Disabilities-Please List: (Must complete disability forms if applicable)

I/We authorize my child to travel **with the following adult(s):**

Adult Name: _____ Relationship: _____

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Absolutely no minors travel alone. All minors (regardless of age) and accompanying adults must have a completed registration form on file.

Parent / Legal Guardian Signature: _____

Date: _____ Full Name (Print): _____