

CARPOOLING PROGRAM

Registration Form

Personal Information

Name _____
Occupation _____
Home address _____

Tel / Contact No. (Home) _____
Office address _____

Tel / Contact No. (Office) _____

Vehicle Information

Which vehicle/s would you nominate for this program:

Vehicle 1 Model / Year _____
Engine displacement _____
Fuel use _____
Plate No. _____

Vehicle 2 Model / Year _____
Engine displacement _____
Fuel use _____
Plate No. _____

What day will you go carpooling?(Vehicle 1) _____
(Vehicle 2) _____
How many passengers normally ride with you? _____

Program Information

How far is your residence from your office (estimate)? _____ km.

What is the average travel time:

Going to the office: _____ hrs.

From office to residence: _____ hrs.

With whom will you go carpooling?

Going to the office: _____

From office to residence: _____

How many are you in the carpool? _____

Is your company a participant to the DOE's EC Program? _____

If yes, is there a Carpool Program being implemented by your company? _____

Please submit your filled-out registration form to:

Carless Day and Carpooling Program Committee

Energy Efficiency Division

3rd flr., Main Building, Department of Energy

Energy Center, Merritt Rd., Fort Bonifacio, M.M.

Tel. No. 8402243