



ORDER FORM
by mail or fax

Use this convenient form to purchase GO Passes.
GO Passes eliminate the need for exact change
and entry delays on the bus.

Fare categories:

- General: 5-59 yrs.
- Youth: 5-17 yrs.
- Senior: 65 + yrs. & medicare card holders, special needs, ADA Certified & persons with disabilities.

**PRICES EFFECTIVE
NOVEMBER 23, 2008**

BlueGO Local Passes

Pack of 10-Ride Tokens

General: \$18.00
Senior/Disabled/Medicare: \$8.00

Monthly GO Pass

General: \$70.00
Senior/Disabled/Medicare: \$35.00

BlueGO Express Passes

10-Ride GOPass: \$30.00
20-Ride GOPass: \$55.00
Monthly GOPass: \$100.00

BlueGO OnCall Passes

10-Ride GOPass
General: \$60.00
Senior/Disabled/Medicare: \$18.00

Summer Youth GO Passes

June, July & August months only
Youth: \$45.00



Call 530-541-7149 for transit information or
visit us online at www.bluego.org

Tahoe's Smooth Movin' Shuttle!

SOUTH TAHOE AREA
TRANSIT AUTHORITY
PO BOX 5310
STATELINE, NV 89449

WILL NOT BE
DELIVERED
WITHOUT
POSTAGE

1. Complete order form including mailing address.
 2. Insert check or money order for exact amount made payable to South Tahoe Area Transit Authority to into envelope. No cash please.
 3. Fold order form flap at perforation over onto envelope and seal.
 4. Mail to South Tahoe Area Transit Authority.
 5. If you fax in your order, please include credit card information.
- All checks must show a phone number, and a California or Nevada driver's license number to be considered valid.

ORDER LIST

<u>Amount</u>	<u>Item</u>	<u>Fare Category *</u>		<u>Total Due</u>
_____	BlueGO Local Pack of 10 Tokens	G	S	_____
_____	BlueGO Local Monthly GO Pass	G	S	_____
_____	BlueGO Summer Youth Pass	Y		_____
	<i>For youth during the months of June, July, & August only.</i>			
_____	BlueGO Express 10-Ride GO Pass	G	S	_____
_____	BlueGO Express 20-Ride GO Pass	G	S	_____
_____	BlueGO Express Monthly GO Pass	G	S	_____
_____	BlueGO OnCall 10-Ride GO Pass	G	S	_____

* **Fare Categories** include:

G = General Fare (age 5-59) • **Y** = Youth (age 5-17) • **S** = Seniors (age 60 & older), Persons with disabilities, Medicare Card holders, Special Needs and ADA Certified.

Amount Enclosed: _____

Name: _____

Address: _____ City: _____ Zip: _____

For Fax orders: Type of card: ___ Visa / ___ MasterCard • Credit Card Number: _____

Exp date: _____ Security Code: _____ Telephone: _____

DO NOT MOISTEN OR DETACH THIS FLAP, IT IS USED TO PROCESS YOUR ORDER
make check or money order payable to: SOUTH TAHOE AREA TRANSIT AUTHORITY • PLEASE ALLOW 7 DAYS FOR DELIVERY

PLEASE ADDRESS CLEARLY. YOUR ORDER WILL BE RETURNED IN THIS ENVELOPE

SOUTH TAHOE AREA
 TRANSIT AUTHORITY
 PO BOX 5310
 STATELINE, NV 89449

 NAME

 MAILING ADDRESS

 CITY STATE ZIP