



**BCT BUS PASS ORDER FORM  
NON-RESIDENTS ONLY**



MONTH (S): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

	<u>RATE</u>	
General Public Pass	\$40.00	_____
Student (K-12th Grade)	\$ 20.00	_____
Senior	\$ 10.00	_____
Disabled	\$ 10.00	_____

Name of school you attend: \_\_\_\_\_

**MAIL COMPLETED FORM WITH A SELF-ADDRESSED STAMPED ENVELOPE(S)**

**TO:** CITY OF REDONDO BEACH  
ATTN: TRANSIT DIVISION  
415 Diamond Street  
Redondo Beach, CA 90277

**For questions or further information call 310.937.6660**