



Guaranteed Ride Home Employer Participation Form

Company name: _____

Billing address: _____

City: _____ State: _____ ZIP code: _____

Billing email address: _____

Number of employees	Price per employee per year	Check appropriate box
6,000 or more employees	\$2.50	
3,000 to 5,999 employees	\$2.50	
Fewer than 3,000 employees	\$3.00	
Denver International Airport (regardless of size)	\$5.00	

Quarter participation starts	Prorated rate	Check appropriate box
First (January through March)	100%	
Second (April through June)	75%	
Third (July through September)	50%	
Fourth (October through December)	25%	

Multiply the number of employees: _____ by the rate per employee: _____ by the proration rate: _____

Your total cost: _____

Minimum total cost is \$100. If your calculated total cost is less than \$100, you will be charged \$100

Primary coordinator name: _____ Secondary coordinator name: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

If you have difficulty using this document's content, please email access@drcog.org or call 303-455-1000. Please expect a response within 72 hours (three business days)

Physical address and number of employees at each location covered by Guaranteed Ride Home

Location No. 1: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Number of employees: _____

Location No. 2: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Number of employees: _____

Location No. 3: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Number of employees: _____

Location No. 4: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Number of employees: _____

Attach a document with more locations as needed.