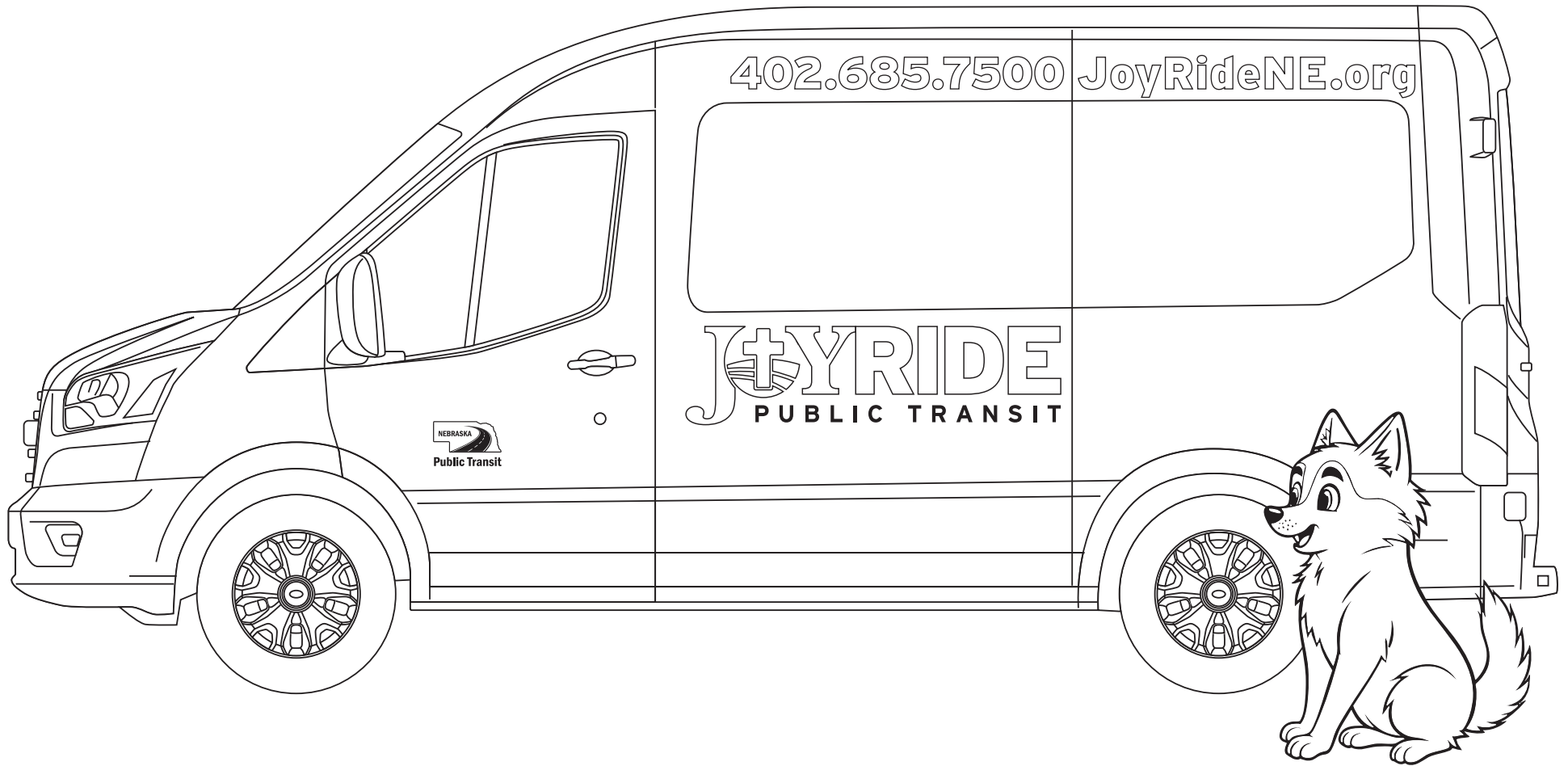


WE ♥ JOYRIDE!



YOUR FIRST NAME _____ YOUR AGE _____

Parent/Guardian: Please write your name and phone number on the back of this sheet so we can notify you if your child has won a prize. Thank you!
Return this to JOYRIDE Public Transit in Oakland, or any Franciscan Healthcare clinic location, by Monday, April 14, to be entered into the prize drawing.