

Breeze Card Registration Form

To register your card, please fill out this form, detach it and send it to Lethbridge Transit.

Breeze Card #: _____ (Located in the bottom left corner on the back of the card)

Last Name: _____ Middle Initial: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email (Optional): _____

Name of Your Favourite Pet (Security Question): _____

Signature: _____ Date: _____

If you are under 18 years of age, please have your parent or guardian complete the following:

Birth Date of Breeze Card Holder (MM/DD/YYYY): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

The personal information collected on this form is in accordance with Section 33 of the Freedom of Information and Protection of Privacy Act. It is used for the purpose of transferring your balance protection and will only be disclosed to Transit Staff. If you have any questions or concerns, please contact Abby Slovack, Supervisor of Operational Systems and Planning at 403-320-4236. It is your responsibility to notify Lethbridge Transit of any information changes.