



# BICYCLE REGISTRATION FORM

PLEASE PRINT

Tag #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

W#: \_\_\_\_\_

**ADDRESS:**

**Contact info:**

Permanent: \_\_\_\_\_

Cell: \_\_\_\_\_

Local/On Campus: \_\_\_\_\_

Email: \_\_\_\_\_

**BICYCLE INFORMATION:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_

Mens / Womens Size: \_\_\_\_\_

Serial #: \_\_\_\_\_

Color(s): \_\_\_\_\_

Value: \_\_\_\_\_

Accessories/ Additional info: \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Date Tag Issued: \_\_\_\_\_

Dispatcher: \_\_\_\_\_