

BICYCLE REGISTRATION

Download, sign and submit form to Parking & Transportation Services (358 Wiecking Center, 507-389-5466)

Registration Date: / / (expires in 2 years)		Tech ID:	
First Name	Last Name		Date of Birth / /
Home Phone ()	Cell Phone ()	Email Address	
Street Address		City, State, Zip Code	
Bicycle Make	Model/Style (Men's or Women's)	Color(s)	Serial Number
Original Value (Estimate)	Modifications	<input type="checkbox"/> Mountain Bike <input type="checkbox"/> Road Bike <input type="checkbox"/> Hybrid (Cross) <input type="checkbox"/> Race Bike <input type="checkbox"/> Other _____	
Student Signature		Date / /	
<i>~~OFFICE USE ONLY~~</i>			
Decal Number:			