

## Bicycle Registration

Name (Last, First, Middle): \_\_\_\_\_

Bear Number: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

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

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Bicycle to be Registered: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Men's or Women's: \_\_\_\_\_

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

Color: \_\_\_\_\_

Type of Bicycle: \_\_\_\_\_ Accessories: \_\_\_\_\_

Any Additional Information: \_\_\_\_\_

OFFICE USE ONLY				
PLACE REGISTRATION STICKER HERE				
			Officer #	
Date Issued				
Paid	<input type="checkbox"/> Check #	<input type="checkbox"/> Bill to ST Account	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
Bill Checked By		Scanned By		Indexed By