

**MARIST COLLEGE BICYCLE REGISTRATION FORM**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

YEAR: \_\_\_\_\_ SEMESTER: \_\_\_\_\_ CREDITS: \_\_\_\_\_

DORM: \_\_\_\_\_ OFF CAMPUS ADDRESS \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

SERIAL NUMBER IF APPLICABLE: \_\_\_\_\_ MODEL: \_\_\_\_\_ MAKE: \_\_\_\_\_ TYPE: \_\_\_\_\_ COLOR: \_\_\_\_\_

**FOR OFFICIAL USE ONLY BELOW**

MARIST COLLEGE IDENTIFICATION NUMBER: \_\_\_\_\_