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: __________________________