Bicycle Registration Form

University of Central Oklahoma

Date Registration: ____________________  Registration Number: __________

Owner's Name: ______________________  Student ID: __________________
          Last                                      First

Owner's Address: ______________________

Phone #: (___) ______________________

Alternate Phone #: (___) __________

Alternate Address:
          (If live in the dorms)  (street address)  City  State  zip

Bicycle Make/Model: ______________________

Serial Number: ______________________

Color(s): ______________________

Style of Bike: ______________________

Wheel/Frame Size: ______________________

Owner Applied Number: ______________________

Additional Information:

Owner's Signature: ______________________  Date: __________________