## ANDERSON UNIVERSITY BICYCLE REGISTRATION APPLICATION

DICTCLE REGISTRATION ATTLICATION									
OFFICE USE ONLY: DATE:	RP #:		PERMIT#:						
ENTERED IN DUNCAN BY:DA			DATE:	TE:					
NAME:				STUDENT I	D #:				
HOME ADDRESS (Street,		CELL PHONE:							
CAMPUS ADDRESS (ex:	PHONE EXT.:								
FRAME STYLE:	FRAME SIZE:	MAKE:		MODEL:					
COLOR:		SERIAL NUM	MBER:	APPROXIMATE VALUE:					
I hereby agree to observe and obey all Anderson University bicycle-parking regulations. Bicycles owner or driver acknowledges that Anderson University assumes no liability for theft or damage to bicycles. I certify under penalties for perjury that the foregoing information is correct.									
Year in School:	Freshman	_Sophomore _	Upperclass	Jpperclassman Grad Student					
Date:	Signature:								
	ANDEDO	ON HAHATED	CITY						

## ANDERSON UNIVERSITY BICYCLE REGISTRATION APPLICATION

OFFICE USE ONLY: DATE:	RP #:		PERMIT#:			
ENTERED IN D	UNCAN BY: _		DATE:	<u> </u>		
NAME:			STUDENT ID #:			
HOME ADDRESS (Street, City, State, Zip)					CELL PHONE:	
CAMPUS ADDRESS (ex: Dorm, Room #)					PHONE EXT.:	
FRAME STYLE:	FRAME SIZE:	MAKE:	MAKE:		MODEL:	
COLOR:		SERIAL NUMBER:		APPROXIMATE VALUE:		
I hereby agree to observe a driver acknowledges that a under penalties for perjur	Anderson University ass	sumes no liability	for theft or dam			
Year in School:	Freshman	Sophomore _	re Upperclassman Grad Student			
Date:	Signature:					