Minnesota State University Mankato

BICYCLE REGISTRATION

Registration Date: / /	(expires in 2 years)	Tech ID:		
First Name Last N		Name	Date of Birth	
			/ /	
Home Phone Cell Phone E		Email Add	Email Address	
()	()			
Street Address		City, State, Zip Code		
Bicycle Make	Model/Style (Men's or Women's)	Color(s)	Serial Number	
Original Value (Estimate)	Modifications	🗅 Mountain Bike 🛛 Road Bi	ke 🛛 Hybrid (Cross)	
		□ Race Bike □ Other		
Student Signature		Date		
~~OFFICE USE ONLY~~				
Decal Number:				

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