

Bicycle Registration

Name:	<input type="text"/>	Union ID # (7 digits):	<input type="text"/>
Campus Address:	<input type="text"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Employee
Phone Number:	<input type="text"/>	Student Grad Year:	<input type="text"/>
Email Address:	<input type="text"/>	Employee's Dept	<input type="text"/>

Required

Type :	<input type="text"/>	Value:	<input type="text"/>
Make:	<input type="text"/>	Serial Number:	<input type="text"/>
Model:	<input type="text"/>	Located under bottom bracket	
Color :	<input type="text"/>		

Description, distinctive identifying marks:

Date:

If you hand in a printed copy, please either attach photos to the form or you may call an officer to come take photographs.

If you wish to register multiple bikes, please send one form per bicycle.

Email digital photos to underwol@union.edu