

CWRU BICYCLE REGISTRATION

NAME _____ REG. # _____
(office use only)

MAKE _____ MODEL _____

SERIAL # _____

COLOR _____ TYPE _____ SIZE _____ SPEED _____

CAMPUS ADDRESS _____

CAMPUS PHONE _____

HOME ADDRESS _____

PHONE _____

SS# _____

Please print and fill this out completely then forward to:
Bicycle Registration
North Campus Security Office
1725 E. 115th
Location code 7173

If you have any questions, contact Karen Gregor at x6811 or kag4