

CNM BICYCLE REGISTRATION FORM



Registration #: _____ Date _____

Campus Registration Location: _____

Brand: _____

Model: _____ Primary/Secondary Color: _____

Type (Circle): hybrid mountain recumbent road touring youth

Wheel Size _____ Value: \$ _____

Serial #: _____ OAN: _____

Location (on bike) of Serial # or Owner Applied Number: _____

of Gears: _____ Aftermarkert add-ons / Unique Features: _____

Last Name: _____ First Name: _____ Middle: _____

CNM Student ID #: _____ or Driver License #: _____ DL State: _____

Local Address:

Street: _____ APT#: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Student's Permanent Address: Street: _____ Apt.# _____

City: _____ State: _____

Zip: _____ Phone: _____

CNM Representative's Name:

Bike Owner's Signature:

Lock Information:

Lock Brand/Model: _____

Lock Type (circle):

u-lock/d-lock keyed-padlock combination-padlock keyed-cablelock
combination-cablelock other _____

Lock Value: \$ _____ Lock Shackle Diameter: _____ (specify mm or inches)

Chain/Cable Value: \$ _____ Type : stranded braided chain

Cable/Link Diameter: _____ (specify mm or inches)

Additional lock/cable/chain information: _____