WHITTIER COLLEGE
BICYCLE REGISTRATION

Please do not write in this box below

DECAL #: _____ DATE REGISTERED: _____ SCHOOL YEAR: _____

BICYCLE MAKE: _____ COLOR: _____

SERIAL #: _____ OTHER DESCRIPTION: _____

NAME: _____
LAST FIRST M.I.

STUDENT ID #: _____ PHONE #: _____

COLLEGE ADDRESS : _____
RES. HALL AND DORM NUMBER

HOME ADDRESS (COMMUTERS ONLY): _____
STREET ADDRESS

_____
CITY ZIP

SIGNATURE: _____