DECAL #_____

BOWDOIN COLLEGE SECURITY

FACULTY-STAFF-STUDENT BIKE REGISTRATION

NAME

Last	First	MI

Student Smith Union Box #	Student Residence on/off Campus	Student Room #

Campus Phone #	Faculty/Staff-Dept.	ID Number

HOME ADDRESS:

Street	City	State

Zip Code	Home Phone #	Cell Phone #

BIKE DESCRIPTION:

MAKE:	MODEL:	SERIAL NO:

COLOR:	SPEED:	TYPE OF HANDLEBARS: STRAIGHT _____ CURVED _____ MOUNTAIN BIKE _____ WITH BAR ENDS _____

APPROXIMATE VALUE OF BIKE: $ _____

CHECK THE FOLLOWING THAT APPLY:

HORN	LIGHT	REFLECTORS	WATER BOTTLE

BASKET	BELL	CARRIER	TYPE OF LOCK

SIGNATURE _____ DATE_____

Verified by: _____ Date _____