

**BICYCLE REGISTRATION FORM**

SERIAL NUMBER \* \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MEN'S       WOMEN'S

MAKE \_\_\_\_\_ MODEL NAME \_\_\_\_\_

MOUNTAIN       TOURING

MODEL # \_\_\_\_\_ MISC. \_\_\_\_\_

DIRT       OTHER \_\_\_\_\_

COLOR \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PURCHASE PRICE \$ \_\_\_\_\_

NUMBER OF SPEEDS \_\_\_\_\_

LAST NAME\* \_\_\_\_\_ FIRST\* \_\_\_\_\_ MI \_\_\_\_\_

**PHONE NUMBERS**

ADDRESS\* \_\_\_\_\_

HOME (    ) \_\_\_\_\_

CITY\* \_\_\_\_\_ STATE\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

PAGER(    ) \_\_\_\_\_

REGISTRATION # \_\_\_\_\_ (POLICE DEPARTMENT USE ONLY)

WORK (    ) \_\_\_\_\_

OTHER(    ) \_\_\_\_\_

**\* - REQUIRED INFORMATION**

MAKE A COPY FOR YOUR RECORDS. RETURN ORIGINAL FORM TO:  
UCDHSC P.D., Mail Stop F409, P. O. Box 6508, Aurora, CO 80045-0508  
ATTENTION: COMMUNITY RESOURCE OFFICER