BACONE COLLEGE

VEHICLE REGISTRATION FORM

Fall 2008 - Summer 2009

Student Name: _____ Student ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Check all that apply:

[ ] New Student [ ] On Campus Residence Hall _____

[ ] Returning Student [ ] Off Campus [ ] On-line Student

VEHICLE INFORMATION:

_____	_____	_____	_____
Year	Make	Model	Color

_____	_____
Tag Number	State

If additional vehicles are to be driven on campus, a new vehicle form should be submitted to Housing and a new parking sticker will need to be assigned. Please submit a copy of your insurance verification card along with this form.

_____ _____

Insurance Company Policy Number

_____ _____

Name of person insured Expiration Date

_____ _____

Student Signature **Date**

- - - -

Bacone Representative Date

6/20/08