

BACONE COLLEGE - VEHICLE REGISTRATION FORM

Fall 2007 – Summer 2008

Student Name: _____ Student ID #: _____

Address: _____ City: _____

State: _____ Zip: _____

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

Check all that apply:

New Student On Campus Dorm _____

Returning Student Off Campus

VEHICLE INFORMATION:

_____	_____	_____	_____
Year	Make	Model	Color
_____	_____	_____	_____
Tag Number	State		

ADDITIONAL VEHICLES OR CHANGE OF VEHICLE WILL REQUIRE A NEW FORM TO BE FILLED OUT

VEHICLE INSURANCE: ID Card verified by: _____

_____	_____
Insurance Company	Policy Number
_____	_____
Name of person insured	Expiration Date
_____	_____
Student Signature	Date

Bacone Registration Number Assigned: _____

_____	_____
Bacone Representative	Date