

BICYCLE REGISTRATION

NAME: _____

BLOCK: _____ UNIT: _____

CONTACT NO.: _____

REGISTRATION DATE: _____

TAG NUMBER: _____

DESCRIPTION OF BICYCLE

BRAND: _____

COLOUR(S): _____

SIZE: ADULT / KID

SIGNATURE OF APPLICANT: _____

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I acknowledge the receipt of Bicycle Tag No.: _____ and undertake to:

- Park my bicycle at the designated parking space when not in use
- Ensure my bicycle is properly stowed and do not obstruct traffic or cause inconvenience to others
- Observe all applicable House Rules and By-Laws to the usage and ownership of bicycle(s) in Sunglade

SIGNATURE OF RECEIPIENT: _____

DATE: _____