

Bicycle Registration Form

(Please Print Clearly)

Date of Registration: _____ / _____ / _____ Month/Day/Year (numbers only)

Parent or
Guardian:

Last Name

First Name

Middle Name

Address:

Street name and number, apartment or lot number, box number

City

State

Zip

County

Home Phone Number: _____

(Add area code if not 605)

Make of Bicycle: _____

Model Name: _____

Manufacturer's
Serial Number: _____

Color of Bicycle: _____ (list larger color **first**)

Type of Bicycle: _____ Boys _____ Girls Number of Speeds: _____

Full Name of Child Who Will Have Bicycle: _____

Please bring this form and \$1 registration fee to City of Sioux Falls, Finance Office,
224 West Ninth Street (corner of Ninth Street and Dakota Avenue).

Narrative (such as other phone numbers, address description, bicycle accessories, medical
conditions, etc.): _____

Registration Number: _____