# MANOR COLLEGE
# Residence Hall Automobile Registration

Students Name: _____

Students home address:    Address _____
                          City _____
                          State _____
                          Zip _____

Phone Number: _____

Alternate Phone Number: _____

Vehicle owner: _____

Make of vehicle: _____

Model of vehicle: _____

Color of vehicle: _____

License plate number: _____

State registered: _____

Do you require disabled parking? _____

Name of Insurance company: _____

Policy Number: _____