



Vehicle Registration Form

Contact Information

Name (Last): _____ First _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Emergency Contact

Name (Last): _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Vehicle

Manor College Permit Number: _____
Vehicle Year: _____ Vehicle Color: _____
Vehicle Make: _____ Vehicle Model: _____
License Plate Number: _____ State: _____ Expiration Year: _____
Name: _____ Signature: _____ Date: _____

Office Use Only

Date Issued: _____ / _____ / _____ Time Issued: _____ am/pm
Issued By: _____