Bucks Center Emergency Registration Form  PLEASE PRINT

Name:____________________________________________________________________________

Course:_____________________ Day Attending Course______________________(Monday-Saturday)
(Example = MBA 500)

Course:_____________________ Day Attending Course______________________(Monday-Saturday)

Course:_____________________ Day Attending Course______________________(Monday-Saturday)

La Salle University ID# ________________________________ Faculty: ( ) Student: ( )

Home Phone: __________ - ___________________Cell Phone:_________ - _____________________
area code                 phone number                                      area code                 phone number

Emergency Contact:________ - ___________________Contact Person:_________________________
area code          phone number

Secondary Contact:_________ -_________________Contact Person:__________________________
area code            phone number

Vehicle Information

Vehicle Make:_____________________Model:_____________________Color:____________________

License Plate:_____________________State: _________Handicap Permit: Yes( ) No( )

Alternate Vehicle:_____________________Model:_____________________    Color:____________________

Alternate Vehicle Plate:_____________________State:_______Handicap Permit: Yes( ) No( )

As a reminder, handicap permits/tags are required in the handicap zones as posted.
Parking Permits are not required at this time but may in the future.
Vehicle information is necessary in locating you in emergency cases.

PLEASE DROP THIS FORM OFF AT THE SECURITY/RECEPTION DESK