

SUMMER CONFERENCES/CAMPS PARKING PERMIT APPLICATION

CONFERENCE/CAMP NAME:

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DATES OF STAY: _____ TO _____

LAST NAME:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME:

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CELL
PHONE:

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VEHICLE REGISTRATION INFORMATION (Please attach a copy of your state vehicle registration)

LICENSE PLATE:

MAKE:

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MODEL:

STATE:

VEHICLE YEAR:

--	--	--	--	--	--	--	--

COLOR:

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IF OWNER IS OTHER THAN REGISTRANT, PRINT NAME AND ADDRESS OF OWNER BELOW.

To ensure a parking permit will be available upon your arrival, Parking Services must receive this form and copy of your vehicle registration at least 3 business days prior to the start date of your conference/camp. You may scan/email to Parking Services at inpark@lehigh.edu or fax to (610)758-6591.

I certify that all information given by me is true and correct and that the above requested vehicle registration conforms to the Motor Vehicle Regulations issued by Lehigh University, as available at financeadmin.lehigh.edu/content/complete-parking-regulations

Signature

Date