



ADOLOS

BAPTIST STUDENT UNION/ADOLOS PARKING PASS APPLICATION

Assigned Parking Placard Number _____

Date received _____

Application for a Parking Permit

Are you staff/faculty? Y/N (circle one)

Name of Applicant: _____

Address: _____

Vehicle License Plate Number: _____ **State:** _____

Make: _____ **Model:** _____ **Color:** _____ **Year:** _____

Name of Registered Owner of Motor Vehicle:

Name: _____

Address: _____

Phone Number: _____

Other Number: _____

E-mail Address: _____

Checks or money orders only made payable to: **SPRINGFIELD AREA COLLEGIATE MINISTRY**

FOR OFFICE USE ONLY:

Date of Placard Acceptance: _____ Check No.: _____

Signature: _____