



**Parking & Transportation**  
 (703)993-2828 fax (703)993-8575  
 MSN 1J6

# Bicycle Commuter Program

**Month of Participation**

*Please complete in ink and fax form to Parking & Transportation Dept. at 703 993-8575 or send in Interoffice Mail to 1J6.*

**First Name**

**Last Name**

**MSN**

**G Number**

**Work Phone**

**Email Address**

- Form must be submitted monthly to receive the benefit for that month.
- By participating in the Bicycle Commuter Program, you are not eligible to participate in the Commonwealth Commuter Choice Program or any other alternative transportation initiatives.
- Utilizing the chart below, indicate which days you bike to campus.
- If form is received after the fifth day of the month, the benefit will not be provided. The benefit is not retroactive for previous month's late submissions.
- You must bike to campus a minimum of eight times per month to be eligible for the \$20 voucher for use at participating area bike shops. Participating bike shops can be found at <http://www.commutercheck.com/partners/partnerlist.aspx>
- Participation in the Bicycle Commuter Program entitles you to:
  1. Use showers at RAC and the Aquatic Center (30 minute time limit) without being a member  
 Please check if you would like to be added to the list for shower facility use.
  2. Two complimentary daily parking passes per month if you do not already have a Mason parking permit.  
 Please check here if you would like to receive two complimentary daily general lot parking passes per month. If you have a Mason parking permit already, you will be issued two all day garage validations instead.

|        | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|--------|---------|-----------|----------|--------|----------|
| Week 1 |        |        |         |           |          |        |          |
| Week 2 |        |        |         |           |          |        |          |
| Week 3 |        |        |         |           |          |        |          |
| Week 4 |        |        |         |           |          |        |          |
| Week 5 |        |        |         |           |          |        |          |

Please provide the information below. If more than one bicycle is used, please include that information at the bottom of this form.

**Bicycle Make**

**Bicycle Color**

**Bicycle Parking Location**

**Signature**

**Date**

My signature verifies that the information I have provided on this document is true and complete to the best of my knowledge. I understand that falsification of any information on this application/monthly tracking form will result in program disqualification. I understand and agree that providing false information is a serious matter that could result in disciplinary action being taken by my agency or the Commonwealth of Virginia, up to and including dismissal from my employment, and may subject me to criminal prosecution under state or federal law.