

# BICYCLE REGISTRATION

(Please Print)

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

-----  
MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR(S): \_\_\_\_\_

SERIAL OR VIN NUMBER: \_\_\_\_\_

SPECIAL IDENTIFYING MARKS: \_\_\_\_\_

\_\_\_\_\_  
FRAME SIZE: \_\_\_\_\_ GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

-----  
IF APPLICABLE:

SCHOOL: \_\_\_\_\_

TEACHER: \_\_\_\_\_

GRADE: \_\_\_\_\_

Questions? Call (812)436-7956