

BICYCLE REGISTRATION FORM

Serial #: _____

Make: _____ (Huffy, Schwinn, etc.)

Model: _____ (Trailblazer, Mirage, etc.)

Type: _____ (BMX, Mountain, etc.)

Speed: _____

Primary Color: _____

Secondary Color: _____

Dollar Value: _____

Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Daytime Phone: _____

Evening Phone: _____

Email: _____