



Chain Reaction Bike Request - Adult/Child

Date: _____

Full Name: _____

Parents name: (if child) _____

Where are you staying? _____

Do you know how to ride a bike? _____

Do you have other transportation? _____

What would you use this bike for?

- | | |
|---|--|
| <input type="checkbox"/> getting to work | <input type="checkbox"/> job searching |
| <input type="checkbox"/> riding to school | <input type="checkbox"/> exercise |
| <input type="checkbox"/> fun/recreation | <input type="checkbox"/> errands |
| <input type="checkbox"/> accessing social services/agencies | |
| <input type="checkbox"/> other | |

What bike style do you prefer?

- Mountain Bike
 Road/racing bike
 BMX

Your height _____ Your inseam _____

Contact information: _____
