

**Bicycle Registration Form**

Reg. # \_\_\_\_\_

Please fill in the blanks

Name: \_\_\_\_\_

Model \_\_\_\_\_

Address: \_\_\_\_\_

Bike Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_

Color: \_\_\_\_\_ / \_\_\_\_\_

Phone No.#: \_\_\_\_\_

Notes: \_\_\_\_\_

Serial No.# \_\_\_\_\_

\_\_\_\_\_

Make: \_\_\_\_\_

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