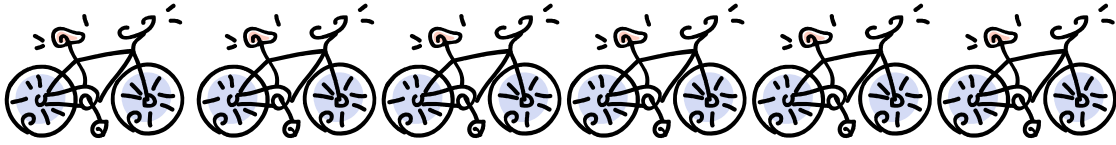


Bike Request Form
for CVT Social Worker/Client requesting a Bike:



Client's # _____ Social Worker's Initials _____

Date of Request: (by email or phone) _____
cmcarthur51@gmail.com 651-699-8013

Deliver to St Paul house ____ or Client's home ____ (permission granted) **Include address & phone # for delivery**

Information that will help me find the right bike for you!

AGE _____ GENDER _____

HEIGHT _____ WEIGHT _____

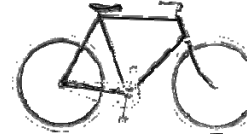
OTHER: _____

TYPE OF BIKE REQUESTED:

___ 1) Mountain Bike (MTB)



___ 2) Upright handlebar Bike



___ 3) Racing/Road handlebar style



___ 4) Additional equipment wanted (will provide as available/possible to find)

- ___ a) helmet ___ b) lock and cable
___ c) rear rack ___ d) water bottle cage