

Bicycle Registration

Reg #: CPD _____

DATE: _____

Name: _____

Address: _____

City: _____ Zip: _____ Phone: (____) ____ - _____

Name of Parent(s) if under 18:

Serial #: _____

Model # / Name: _____

Type: Mountain BMX Road Cruiser Custom

Size of Bike: _____ Boys Girls Unknown

Number of Gears: _____

Brakes: Hand Foot

Primary Color: _____

Second Color: _____

Third Color: _____

Other Notes about Bike: _____

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