

Complete top half and return to First Christian Church, 210 N. 5<sup>th</sup>, Weekdays 9am-1pm



Sharing Hope with a Set of Wheels

**Adult  
Bicycle Request Form**

Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Pledge: I will be a responsible owner of this bicycle. I will do my best to be a safe and courteous bicyclist.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Friendship Bikes Internal Use**

Date: \_\_\_\_\_

Has the recipient been fitted for a bicycle?	Yes	No
Is there a bicycle available?	Yes	No    Waitlist
Has the recipient watched bike safety video?	Yes	No
Has the recipient been given:	Helmet	Lights      Lock & Cable
Has bicycle completed final mechanical check?	Yes	No

Signature of Friendship Bikes Representative \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_