

ORDER FORM AND SPECIFICATIONS FOR CUSTOMIZED CYCLES

DATE _____

Name of Rider _____ Name of Parent/s or Guardian/s (if applicable) _____

Street Address _____ City _____ State _____ Zip _____

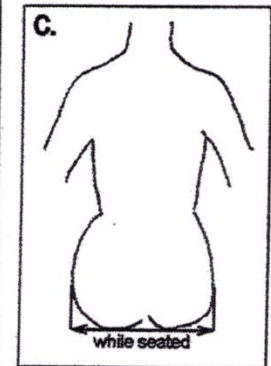
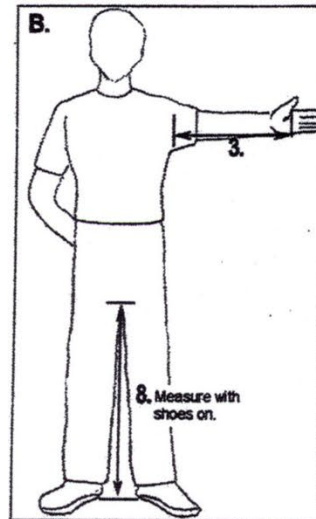
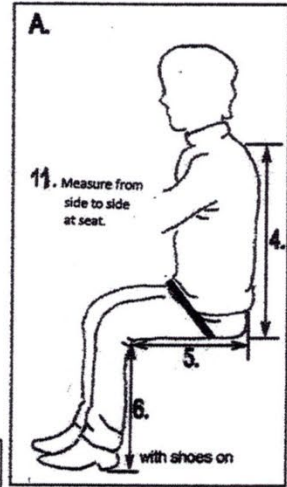
Shipping Name if Different from Above _____

Shipping Address if Different from Above _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Best Time to Call _____

RIDER DATA AND MEASUREMENTS:

1. Age _____
2. Height _____ inches Weight _____ pounds
3. Armpit to Center of Palm of Hand _____ inches (see diagram B.)
4. Seat of Chair to Shoulder _____ inches (see diagram A.)
5. Back of Seat to Back of Calf At Bend of Knee While Seated _____ inches (see diagram A.)
6. Under Thigh at Bend of Knee to Sole of Shoe While Seated _____ inches (see diagram A.)
7. Measure Across Back of Hips (at chair seat level) While Seated _____ inches (see diagram C.)
8. Inseam (crotch to sole of shoe) While Standing (or Laying) _____ inches (see diagram B.)
9. Seat Need a Back? ___ YES ___ NO
10. Need Chest Belt? ___ YES ___ NO
If YES, Measure Around Chest 2" down under Arms _____ inches
11. Need Lap Belt? ___ YES ___ NO
If YES, Measure from one side Across Lap to Other Side, Like A Car Seat Belt _____ in. (see diagram A.)
12. Need Foot Pedals? ___ YES ___ NO
/Or Footrest? ___ YES ___ NO
13. Need Straps on Foot Pedals? ___ YES ___ NO
14. Need Heel Straps? ___ YES ___ NO
15. Safety Helmet _____ in. (Measure around Head 1" above Ears.)



What Can Rider Do (Arms & Legs): _____

What Can Rider Not Do (Arms & Legs): _____

Return To: _____