



“Bike for Friends” Program Application

Today’s Date: _____

Rider Applicant Name: _____

If under 18, Parent/Guardian
Name: _____

If under 18, indicate child age and school name _____

Home Address:

Cell Phone: _____ Email: _____

Bike preference (please check): Mountain BMX Road

Applicant Height: _____ Child or Adult Bike (circle one)

Any other bike preferences? _____

Helmet Size - Please Circle – Adult or Child – Small – Medium – Large – Extra Large

Where did you hear about the BFF Program? _____

Please tell us why this rider should receive a free bike through the BFF program.



Rules of Program: Bikes will be fully inspected and tuned for safety before giving to rider. Rider must assume responsibility of proper care for the bike.

Please send this form to:

Email:

Sam Lotto – Cambridge Area Rotary – swlvt57@gmail.com

Snail Mail:

21 Wild Apple Lane

Jeffersonville, VT 05464

Please note:

BFF will make their best effort to match the rider to the request. However, to fulfill the request in a timely manner the recipient will be offered options based on the BFF inventory.