



RIDER INFORMATION FORM

61816 MERIMAC LN MONTROSE CO 81403 970-209-0938

NAME:	DATE:			
BILLING ADDRESS:				
CITY:	STATE:	ZIP:		
SHIPPING ADDRESS:				
CITY:	STATE:	ZIP:		
E-MAIL:	PHONE:			
AGE:	WEIGHT WITHOUT GEAR:			
BIKE:	YEAR:	CC:		
SKILL LEVEL:	<input type="checkbox"/> AA-PRO	<input type="checkbox"/> A-EXPERT	<input type="checkbox"/> B-INTERMEDIATE	<input type="checkbox"/> C-NOVICE
WORK NEEDED:				
COMMENTS:				
RETURN SHIPPING DETAILS:				
<input type="checkbox"/> UPS GROUND	<input type="checkbox"/> 3-DAY	<input type="checkbox"/> 2ND DAY AIR	<input type="checkbox"/> NEXT DAY AIR	