

# PACIFIC GATE

SAN DIEGO

## BICYCLE REGISTRATION FORM

### OWNER INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### LOCAL ADDRESS:

Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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

### PERMANENT ADDRESS: (If different from Local Address)

Street: \_\_\_\_\_

Apt/Unit #: \_\_\_\_\_

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

### BICYCLE INFORMATION:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Colors: \_\_\_\_\_

Men's / Women's (circle one) Speeds: \_\_\_\_\_ Type: \_\_\_\_\_ Frame Size: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Date Purchased: \_\_\_\_\_ Space: \_\_\_\_\_

Comments:

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