



BIKE REQUEST

PARENT / ADULT NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ APT: _____

PHONE: _____ ALTERNATE PHONE: _____

BIKE REQUESTED FOR (NAME): _____

AGE: _____ WEIGHT: _____ lbs. HEIGHT: _____ GENDER: _____ M _____ F

1. What is your intended use for a bicycle? (examples: riding to school, transportation to job, recreation, etc)
2. Do you receive one of the following? Please circle:
 A) Free or reduced price lunches B) Public assistance (Food stamps, Medicaid)
 Services from CAPTAIN's: C) Family Assistance Program D) Outreach Center
3. Is any member of your immediate family Active/ Deployed Military Personnel?

By signing this form, you or the responsible parent/guardian for this child acknowledges that the Elks, and CAPTAIN Youth and Family Services are not liable for any personal injury, loss of equipment or damage to equipment sustained after leaving the premises.

Signature of Parent/Guardian _____

BIKE REQUEST REVIEW- OFFICE USE ONLY		
REQUEST:	GRANTED	DENIED
BIKE SOURCE:	DONATED	NEW
DELIVERY DATE:	_____	
COMMENTS:	_____	

Please be advised, Bike Works cannot guarantee a bike to every applicant.

CAPTAIN Youth and Family Services

5 Municipal Plaza • Suite 3 • Clifton Park • 518-371-1185