## Bike Aid Rider Application Form

Name		Date of Birth			
Address					
City	State/Province		Zip	Country	
Phone		Email			
Height	Weight				
Are you in good physical	condition?	Any restr	rictions? _		
Citizenship Please attach a copy of y			al ID (requ	uired)	
Emergency contact:					
Name		_ Relatio	nship		
Phone	Ema	ail			
Are you a student?	If so, which	school?			
What is your major or foc	used area of study	?			
Which year in school are	you? (Freshman,	Sophomo	re, etc) _		
When do you intend to g	aduate?				
If not a student, what is y	our occupation? _				
How did you learn about	Bike Aid?				
Which dates would you li	ke to cycle on Bike	Aid? Fro	m	To	
From which town to which	h town? From			То	
There are 9 routes. Which	ch route is your Firs	st preferen	ice?		
Second preference?		Third pre	ference?		
What is your bicycling ex	perience? Where	e have you	ı biked an	d for which distances?	

You will ride a regular bike	e or electric bike?
Note that the goal is to rai aiming to raise \$6000.	·
What is your knowledge o	f climate change and its causes?
	ending climate change and global warming?
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Dietary preferences? (Veg	getarian, Vegan, Omnivore, Halal, etc)
Do you have a friend or fa	mily member that may want to ride as well? If, so, give their:
Name	and Email
List two references, such	as teachers, work supervisors, or mentors, that we may contact::
Name	Relationship
Phone	Email
Name	Relationship
Phone	Email
I,	, attest that this application is factually correct
Date	Signature