

2018 Learn to Ride Bike Camp
Application Form

Child's Name: _____

Age: _____ Date of Birth: ____/____/____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____

Email: _____

Session Preference: 5-5:50 _____ 6-6:50 _____

Does your child have a bike*? _____ Yes _____ No

**Please note that training wheels will be removed prior to the first session*

If yes, can you lower the seat so that your child's feet touch flat on the ground? _____ Yes _____ No

Does your child have a bike helmet? _____ Yes _____ No

A parent/guardian is asked to remain on site as an observer during all sessions. Please initial to indicate your acknowledgement of this request: _____

Parent/Guardian Signature: _____

Date: _____

Please complete this application. Return completed application materials to:

BNI Erie Campus
100 Barber Place
Erie, PA 16507
Attn: Cindy Priester
814-878-4031

