

Helping Children With Disabilities... Just Be Kids

Adaptive Bike Grant Application

Name:			
Street Address:			
City:	State:	Zip:	
Daytime Phone: ()	Evening Phone: (
Email:			
DOB and AGE:			
Disability:			
Height: Weight:			
Name of Parent(s) or Guardian:			
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Parent Signature		Date	
Parent Signature		Date	