

RESERVATION FORM: 2008 NYC 5-BORO BICYCLE TOUR, Sunday 5/4/08

CHELSEA BICYCLES

To reduce the long wait this year, please select a pick-up date/time.

130 West 26th St, NY, NY 10001

TEL: 212.727.7278 info@chelseabicycles.net FAX: 646.230.7717

WEEKEND RENTAL (Friday – Monday): \$75.00 + tax Helmet: \$5.00

**Rental fee for high-end road bikes (Road+) will be \$125 - \$200, depending upon the specific bike. Deposit to be assessed accordingly.*

BIKE	DEPOSIT	SIZE	M/F	PICK-UP DATE	PICK-UP TIME	HELMET	SPECIAL REQUESTS
Hybrid _____ Mountain _____ Road _____ Road+ _____	\$400 \$500 \$800 \$1000+						
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CONDITIONS: (please complete in full)

I, _____, agree that I will be responsible for all items rented, including bicycles, all of its parts and helmets. I USE THEM AT MY OWN RISK. I also attest that I am familiar with and able to properly use the equipment rented. Any item rented in this agreement that is not returned, or returned in damaged condition will be my responsibility and I authorize the replacement/repair cost to be charged to the credit card provided below. APPROXIMATE BICYCLE REPLACEMENT VALUES are stated above under DEPOSITS. Other parts and repairs to be priced at CHELSEA BICYCLE's standard rates and fees. I also acknowledge that CHELSEA BICYCLES is not responsible for any injuries or damages incurred to or by any person, persons or property directly or indirectly resulting from the use of any equipment specified in this agreement nor is it responsible for any other losses due to equipment malfunction or defective equipment. I acknowledge that I assume responsibility for all equipment by the act of accepting said equipment and signing this document. CHELSEA BICYCLES is not responsible for flat tires/tubes.

Signature: _____ Date: ____/____/____

PAYMENT: (please complete in full)

I, _____, am the authorized user of the following credit card. I am providing the following credit card information and authorize CHELSEA BICYCLES to charge this card for any and all fees & charges as outlined in this agreement. A non-refundable charge of 50% of the total of this reservation's estimated fees and charges will be charged to this card for any cancellations made after April 21st, 2008.

NAME ON CARD: _____ CARD TYPE: AM _____ VS _____ MC _____

CARD NUMBER: _____ EXP. ____/____ SECURITY CODE: _____

BILLING ADDRESS (w/ zip code): _____ CITY: _____ STATE: _____ ZIPCODE: _____

AUTHORIZED SIGNATURE: _____ TEL: ____/____ - _____ EMAIL: _____