

Kestrel Team Grassroots Rider Info

Name: _____ Nickname: _____

Age: _____ Date of birth: _____

Club Currently Member at: _____

License number: _____

Years riding: _____

Best result this year: _____

Career highlights: _____

Favourite style of racing: _____

The Kestrel bike you would like to order:

- 09 Evoke, 09 Evoke SL, 09 RT-800, 09 RT-900,
09 Talon Tri, 09 Talon SL Tri, 09 Airfoil Pro, 09 Airfoil Pro SL SE

Signature and date: _____

(If under 18) Parent's Signature: _____

Address: _____

E-mail: _____

Phone #: _____

Kestrel Shop Info (to be filled out by the shop)

Name of Bike Shop: _____

City and State: _____

Contact name at the shop: _____

Manager at the shop _____

Phone #: _____