

**TRI-CALIFORNIA**  
**SAN FRANCISCO TRIATHLON**  
**AT ALCATRAZ!!!**  
**ROAD BIKE RESERVATION FORM**



The following road bike reservation is for:

\_\_\_\_\_ (name)

I \_\_\_\_\_ agree to pay the amount listed below for the rental of either the Roubaix Expert Compact, Marin Stelvio, Kestrel Road, or Kestrel Triathlon starting on **Friday, August 27th** at 8 am until **Monday, August 30th** at 12 noon. I understand that the bikes can be picked up at any time between 8 AM and 6 PM on Friday or Saturday at 1095 Columbus Avenue, and must be returned by noon on Monday, August 30th, 2010. I authorize Blazing Saddles to use my credit card number for the rental charge. I also agree to pay for any loss or damage during said rental and will pay any charges when bike is returned. I understand once a confirmation from Blazing Saddles has been sent, I will be charged the full amount under all circumstances, and there is a no cancellation policy. I understand a credit card authorization of at least \$1,500, depending on bike, is required for a damage/security deposit at time of rental.

Choose your bike! (please circle)

<i>Specialized Roubaix Expert Compact</i>	\$189.00		<i>Kestrel Road</i>	\$204.00
<i>Kestrel Triathlon</i>	\$229.00		<i>Marin Stelvio</i>	\$129.00

I will need a \_\_\_\_\_ cm frame. My height is \_\_\_\_\_.

Choose your pedals! (please circle)

**SPD      LOOK\*      CAGES      FLAT      I WILL BRING MY OWN (recommended)**

Signature \_\_\_\_\_ DATE \_\_\_ / \_\_\_ / \_\_\_ Printed Name \_\_\_\_\_

Card Holder's Name			
Credit Card Number			
Exp Date		Customer Code (Last 3 digits on back of card)	
Billing Address			
Zip Code			
Email Address			

<b>Tel Number</b>	
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\* LOOK pedals on a first come first serve basis. Please confirm.

**COMMENTS:**

**SPECIAL INSTRUCTIONS:**

Set 3-day special rate exclusive for the San Francisco Triathlon at Alcatraz.

Bikes will be available for pick-up at our 1095 Columbus Ave. location on Friday at 8 AM and can be returned as late as Monday at Noon.

Confirmation made by: \_\_\_\_\_  
(Office use only)

Date: \_\_\_\_\_  
(Office use only)

Bike Number: \_\_\_\_\_  
(Office use only)

Please Fax or email this form back to us for confirmation.

Thank you,

Blazing Saddles