



# Handcycle Order Form

## One-Off Handcycle, Inc.

494 Stage Road, Cummington, MA 01026

413.634.5591

www.oneoffhandcycle.com • mike@titaniumarts.com

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ HomePhone: \_\_\_\_\_

Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

State or Country: \_\_\_\_\_ Mobile: \_\_\_\_\_

email address: \_\_\_\_\_

Six things we need to know to make your bike right for you:

1. Your Body Dimensions: Height: \_\_\_\_\_ Weight: \_\_\_\_\_

2. Personal Description:

Please describe your level of disability:

3. Please describe your past experiences with other handcycles. (i.e. parts broken, crashes, amount used, places used)

4. What other sports do you enjoy?

5. Color Preference:

6. How did you hear about the One-Off Handcycle?