



BIKE PURCHASE PROGRAM – STUDENT ATHLETE VERIFICATION FORM

First Name: _____ Last Name: _____

Email: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

School: _____ Team Name: _____

Head Coach Signature

Date

Phone #

Parent/Guardian Signature

Date

Phone #

This application is for current NICA Student Athletes in good standing with their team and High School. Present this form signed by your **Head Coach and Parent/Guardian** to your local authorized SCOTT Dealer. Payment in full to your SCOTT dealer is due at time of purchase. Limit one **Scale, Spark, Aspect** or **Genius** bike per member per calendar year. Completed form will be collected by SCOTT Dealer at time of purchase.

TEAM REQUIREMENTS

In exchange for the discount they receive, NICA teams will be expected to interact with SCOTT Sports and their retailer as follows:

1. Work with one retailer only
2. Offer to volunteer for the retailer for events and group rides
3. Like SCOTT Sports on Facebook and follow us on Instagram and Twitter @scottsportsusa

DEALER ORDER INFORMATION

Shop Name: _____ Account # _____

Bike Model: _____ Size: _____ Part #: _____ Discounted Price: _____