



SUSPENSION SETUP FORM

PERSONAL INFORMATION

Name :

Weight Without Gear :

Date of Birth :

Height :

Inseam :

Skill level :

TYPE OF RIDING

MX SX AX HS END

Flat track Road Adventure Other

CONTACT INFORMATION

Phone Number :

Mobile Number :

Email :

Address :

City : _____ State : _____

Zip : _____

OTHERS INFORMATION

Bike :

Make :

Year :

Model :

OVERSIZE TANK: YES NO

Likes and Dislikes of Current Suspension:

