



Bike Fit Form

DATE: _____

NAME: _____

E-MAIL: _____ PHONE: _____

BIKE MAKE/MODEL: _____

PEDAL SYSTEM: _____ SEAT MODEL: _____

BODY MEASUREMENTS:

(Stocking feet) Height: _____ cm
Inseam: _____ cm
Femur: _____ cm

Suggested seat tube/bike size: _____ cm (cm. inseam x .68) C to C
Suggested seat height: _____ cm (cm. inseam x .883) C to Top
Suggested Reach: (Torso length + Arm length) + 4cm = _____ cm

Shoulder width: _____ cm

MOUNTED WEIGHT (Divide front wt. by Static wt., Repeat for rear wheel to calculate %):

Static weight: _____ (bike and rider)
Front wt: _____ Front % _____ Rear wt: _____ Rear % _____

EQUIPMENT MEASUREMENTS (center to center):

Seat tube angle: _____ Head tube angle: _____
Seat tube: _____ cm Crank arm: _____ mm BB height: _____
Seat height: _____ cm Bar width: _____ cm Bar ht. from grnd. _____ cm.
Stem: _____ mm Saddle above bars: _____ cm
Top tube: _____ cm Bar/seat back: _____ cm

(Measurements below made while on trainer)

MOUNTED TESTS AND OBSERVATIONS:

Plumb Bob Drop: Left _____ cm fore/aft of axle center
Right _____ cm fore/aft of axle center
Eye/bars/front axle: _____

CHANGES AND/OR RECOMMENDATIONS:	COMPLETED?
_____	_____
_____	_____
_____	_____

MISCELLANEOUS NOTES:

FITTER: _____