Student Equipment Set-Up Log

Student Name: _____ **Date:** _____

Bike: _____ ID: _____

Instructor(s): _____

Adaptations

Pedals: _____

Seat back: _____

Seat fore/aft: _____

Legs: _____

Padding: _____

Left suspension:

Shock Pressure: _____ pre-load sag%: _____

Rebound: _____ Compression: _____

Right suspension:

Shock Pressure: _____ pre-load sag%: _____

Rebound: _____ Compression: _____

Center suspension:

Shock Pressure: _____ pre-load sag%: _____

Rebound: _____ Compression: _____

Other Information:

****If set-up is complicated, please take photos and send in email to program manager with name of student. Program staff will print off and put in their folder.****