



525 South Hewitt Street, Suite 164  
Los Angeles, CA 90013

213.365.0605 / [info@ciclavia.org](mailto:info@ciclavia.org)

## 2016 Adopt-an-Intersection Program Application

Group Information		
Group Name:		
Address:	City:	Zip Code:
Group Website (If Available):		
# of Volunteers to commit: <i>(must be more than 4)</i>	# of hours available to commit: <input type="checkbox"/> 3 hours <input type="checkbox"/> 5.5 hours <input type="checkbox"/> 8 hours	

Main Contact	
Contact Name:	Position:
Phone Number:	E-mail Address:

During which CicLAvia date(s) would your group like to participate?
*Dates are subject to change.  <input type="checkbox"/> Southeast Cities – Sunday, May 15, 2016  <input type="checkbox"/> Iconic Wilshire Boulevard – Sunday, August 14, 2016  <input type="checkbox"/> Heart of LA – Sunday, October 9, 2016

Materials/ Documents
What materials (including flyers and giveaways) will your group be bringing to the event? Please include a copy of any handouts along with this application.



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#### Additional Questions

Are you a non-profit? If so, please let us know the mission of your organization.

Briefly describe what your group or organization hopes to achieve at CicLAVia.

If selected, does your group plan on having some sort of activity or interaction for CicLAVia participants? If so, please describe any ideas.

How did you hear about the Adopt-an-Intersection program?

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*\*Please send completed form (Attn: (Adopt-an-Intersection) to Community Resource Manager, Henny Alamillo at [volunteer@ciclavia.org](mailto:volunteer@ciclavia.org).**

#### FOR OFFICE USE ONLY

Application Rec Date:

Event & Location Assigned:

Total Volunteers / Shifts:

Total Hours: