

EVENT REQUEST FORM

City of Chicago's
Bicycling Ambassadors



30 North LaSalle Street, Suite 500
Chicago Illinois 60602
ph 312.744.8147
fax 312.742.2422
www.bicyclingambassadors.org

This request form is also available on-line at www.bicyclingambassadors.org

Event _____ Date of Event _____

Address _____ Ward _____ Police District # _____

Start Time _____ A.M. P.M. End Time _____ A.M. P.M. Rain Date _____

How did you learn about us? _____

Have you done this event before? Yes No Did you issue a press release for this event? Yes No

Goals and/or message at the event _____

Ambassadors should focus on:

- adult bicycling safety
- child bicycling safety
- commuting, shopping and/or carrying by bike
- motorists share the road with bikers
- helmet fitting
- bus-rack demonstration

Ambassadors are requested to do: display presentation: length _____ minutes news media interview

Have people been encouraged to bring their bicycles to the event? Yes No

What non-English languages will people speak at this event? Spanish Polish Korean Chinese other _____

Primary Contact Information

On-Site Contact for Event

Organization	Organization
Name	Name
Phone	Phone
Address	Address
Zip Fax	Zip Fax
E-mail	E-mail

AGES: 1-5 6-8 9-11 12-17 18-24 25-30 31-65 66+ **No. of people expected:** _____

If this is a children's event, how will they arrive? _____

Others attending

- Gov't Officials: No Yes Who: _____
- Police Units: No Yes Who: _____
- News Media: No Yes Who: _____
- Sponsors: No Yes Who: _____
- Other _____

SITE: indoor outdoor If outdoor: on grass under tent on pavement on dirt

You will supply the Ambassadors: a table chairs other _____ no equipment

If the Ambassadors are assigned a booth or location number, enter here _____ (Please attach site map if available.)

Event Agenda - Will there be: (Please attach event agenda or schedule if available.)

- Presentations: No Yes If yes, describe: _____
- Entertainment: No Yes If yes, describe: _____
- Items for sale: No Yes If yes, describe: _____
- Give-aways: No Yes If yes, describe: _____

Ambassador Office use only: Date received _____ Date confirmed _____ By whom _____
 community event Ambassador event city event school park