

EVENT REQUEST FORM

City of Chicago's
Bicycling Ambassadors



30 North LaSalle Street, Suite 500
Chicago Illinois 60602
ph 312.744.8251
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 commuting, shopping and/or carrying by bike helmet fitting
 child bicycling safety motorists share the road with bikers 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