City of Chicago’s
Bicycling Ambassadors

EVENT REQUEST FORM

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

Event __________________________ Date of Event ______________________
Address ________________________ Ward __________ Police District # __________
Start Time _______________________ End Time ________________________ 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-tack 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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>ZIP/FAX</td>
<td>Address</td>
</tr>
<tr>
<td>E-mail</td>
<td>ZIP/FAX</td>
</tr>
</tbody>
</table>

On-Site Contact for Event

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
</table>

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