

CHICAGO'S  
**Safe Routes Ambassadors**



30 N LaSalle Street  
 Suite 500  
 Chicago, IL 60602  
 ph 312.744.8251  
 fax 312.742.2422

School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Principal's Name: \_\_\_\_\_  
 School Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**2nd Grade Pedestrian Safety Program**

First Visit - In-Class Presentation (45-60 Minutes)

Date - 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Room #	Teacher Name	Start Time	End Time

Second Visit - Outdoor Workshop (45-60 Minutes)

Date - 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Room #	Teacher Name	Start Time	End Time

**5th Grade Bicycle Safety Program**

First Visit - In-Class Presentation (45-60 Minutes)

Date - 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Room #	Teacher Name	Start Time	End Time

Second Visit - Outdoor Workshop (60 Minutes)

Date - 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Room #	Teacher Name	Start Time	End Time

**High School Mobility Education Program**

In-Class Presentation (One Class Period)

Date - 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Room #	Teacher Name	Start Time	End Time

Please note any classrooms that are bilingual, have special needs, or provide any other information that would help the Ambassadors best serve your students: \_\_\_\_\_

<b>Ambassador Office use only</b>	Date received _____	Date confirmed _____	By whom _____
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