

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: _____

Ambassador Office use only	Date received _____	Date confirmed _____	By whom _____
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