Request Form 2010

Bicycle Coalition of Greater Philadelphia 215.BICYCLE
1500 Walnut Street, Suite 1107, Philadelphia PA 19102
(Please email to ambassador@bicyclecoalition.org or fax to 215.220.3004)

Name of Event:_____ Date of Event:_____

Ambassadors are requested to: ☐ Display/Table ☐ Presentation: length ____ minutes
If Presentation please check one: ☐ *Urban Riding Basics (limit ~30 people)*
☐ *Fix-A-Flat Clinic (limit 12 people with bikes)*
☐ *Bike Cleaning 101 Workshop (limit 10 people with bikes)*
☐ *Street-View Essentials (1-on-1 workshop)*

Neighborhood: ☐ Center City
☐ University City
☐ Fairmount Park
☐ OTHER– PLEASE CALL TO SCHEDULE (215.242.9253)

Start Time: _____ ☐ AM ☐ PM
End Time: _____ ☐ AM ☐ PM
Rain Date: _____

Address of Event:_____

Have you done this event before? ☐ YES ☐ NO **No. of adults expected:** _____

Primary goals and/or message at the event _____

_____

What non-English languages will people speak at this event? _____

Location Details: ☐ 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/location number, enter here _____ (Please attach site map if available)

How did you learn about us? _____

Primary Contact Information	**On-Site/Day-of Contact**
Organization:	Organization:
Name:	Name:
Phone:	Work Phone:
Address:	Cell Phone:
City: Zip:	
E-mail:	E-mail:

Ambassador Office Use Only: Date Received_____ Date Confirmed_____ By Whom_____
☐ Event ☐ Lunch & Learn/Presentation ☐ Service Station ☐ On-Street Outreach ☐ Other_____
NOTES:_____
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