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Cascade Bicycle Club Ambassador Request Form

Event: _____ Date of Event: _____

Street Address: _____

City: _____ Zip Code: _____ Start Time: _____ End Time: _____

How did you learn about us:

Have you done this before (y/n): _____ Did you issue a press release for this event? _____

Goals/message at the event:

Ambassadors should focus on:

adult bicycling safety helmet fitting motorists share the road with bikers
 child bicycling safety commuting, shopping, and/or carrying by bike

Ambassadors are requested to do:

exhibit presentation (length _____)

Have people been encouraged to bring their bicycles to the event (y/n): _____

Primary Contact Info:

Organization: _____

Name: _____

Phone: _____ Fax: _____

Address: _____ Zip: _____

Email: _____

Secondary Contact Info:

Organization: _____

Name: _____

Phone: _____ Fax: _____

Address: _____ Zip: _____

Email: _____

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?

Site:

Indoor Outdoor If outdoor: on grass
 under tent on pavement on dirt

You will supply the Ambassadors:

a table chairs other no equipment

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: