

BikeMobile Visit Request Form

Requirements:			
□ Students must be allowed to bike to school/site			
□ Permission of Principal/Director's			
☐ An on-site contact available during the time of the visit			
□ About 20x20 ft. of space on school grounds			
□ Promotion of the visit with flyers and announcements. We will provide material.			
School/Site Name		Date	
Solico Walle		Bato	
Address	City	State	
/ ludi 655	Oity	State	
Venue Type:	school, is your school a participant in the Safe		
	outes to Schools program?		
□ K-5 Elementary School			
□ 6-8 Middle School	Yes		
9-12 High School	No		
Public Event	Not Sure		
Community or Rec Center			
☐ Other:			
Principal/Director Name	Phone:		
·			
	mail:		
Applicant Name	Phone:		
	Email:		
Is the applicant also the day-of-event contact? (check one) □ Yes □ No			
If no, provide a name and phone number for a day-of-event contact:			
What is the best time to reach you?	Will your areat be are	Will a second and the control of the	
On average, how many students bike to	Will your event be open to the public? ☐ Yes ☐ No		
school/site?	If yes, have other bike vendors been invited? ☐ Yes ☐ No		



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Is this a stand-alone BikeMobile visit or will it be linked to a larger event? ☐ Stand Alone ☐ Larger Event.		
If linked to larger event, what is the event name?		
Is this event, site, or organization free for low-income youth to participate in? ☐ Yes ☐ No		
What do you hope to accomplish by having the BikeMobile?		
Please list the means of promoting BikeMobile at your site:		
Would you like to receive future SR2S program updates? ☐ Yes ☐ No		
Once the date is set, we plan to come rain or shine! Please provide 3 potential dates and times that would work for a visit to your site. Please choose dates that can be committed to, rescheduling is very difficult!		
1		
2		
3		