

Ambassadors In Motion

New Jersey Bicycle and Pedestrian Resource Center

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Event	Date of Event				
Address	Police District#				
City State	ZIP				
Start Time End Time	Rain Date				
What goals or messages does your event wish to communicate?					
Have you done this event before? Yes No No If yes,	did you issue a press release for this event? Yes No				
How did you learn about us?					
Ambassadors should focus on:					
child/adult bicycle safety pedestrian safety helmet fitting rail crossing safety					
☐ trail safety ☐ motorists share the road with	motorists share the road with bikers				
Ambassadors are requested to do: display pres	entation: minutes news media interview				
Have people been encouraged to bring their bicycles to the event? Yes No What non-English languages will people speak at this event?					
PRIMARY CONTACT INFORMATION	ON-SITE CONTACT FOR EVENT				
Organization	Organization				
Name	Name				
Phone	Phone				
Address	Address				
City Fax	City Fax				
E-mail	E-mail				
Nows Modia No Vos Who:	☐ 18-24 ☐ 25-30 ☐ 31-65 ☐ 66+				
Sponsors No Yes Who:					
Other:					

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EVENT REQUEST FORM

SITE: indo	or outdoor	If outdoor:	on grass	under tent	paved surface other	
You will supply t	he Ambassadors:	a table	chairs	other	no equipment	
Location for boot	th if assigned one:				(Please attach map if possible)	
Additional information:						
Ambassador Office use only:	Date received:	Date confirmed:			By whom:	
	community eve	ent 🗌 Ambass	ador event	city event	rail crossing school park trail	