



The Herb Greenberg Bike Safety Rodeo Kit Application

Organization/School: _____

Your Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Event: (please check one) **Bike Rodeo only** **Health/Safety Fair** **Other**

Date of bicycle safety event: _____

Date you will pick up the Bike Safety Rodeo Kit: _____

Date you will return the Bike Safety Rodeo Kit: _____

Please carefully review the **Bike Safety Rodeo Kit Protocol** and note that all components of the kit must be returned in good condition. Polaroid film that is used must be replaced when the kit is returned. If you are able to fulfill the required responsibilities as an event organizer, please sign the agreement below:

I agree to use the Bike Safety Rodeo Kit to advance the safety of children in Sonoma County and for no other purpose. I will abide by the provisions of the Bike Safety Rodeo Kit Protocol, and will return all components of the kit in good condition.

Signature: _____ Date: _____

<p><i>Please send the completed application to:</i> Safe Kids Sonoma County Bike & Pedestrian Action Team 1165 Montgomery Drive Santa Rosa, CA 95405 (707) 525-5300 x3264; FAX (707) 547-4609</p>	<p><i>For Safe Kids Use</i></p> <p>Approved:</p> <p>Yes _____ No _____</p>
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A local coalition of Safe Kids Worldwide