



The Herb Greenberg Bike Safety Rodeo Kit Application

Organization/School: _____

Your Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Type of Event: 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. The Prevention and Planning Division Receptionist will check it in. 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: _____

Please send the completed application to:

Bicycle and Pedestrian Safety Action Team
475 Aviation Blvd., Suite 210
Santa Rosa, CA 95403
(707) 565-6678; FAX (707) 565-6619

Approved:

Yes _____ No _____