



MAYOR DALEY'S

Safe Routes Ambassadors



30 N LaSalle St, Suite 500
Chicago, IL 60602
ph 312.744.3019
fax 312.742.2422

EVENT _____ Date _____

Event Start Time: _____ AM PM End Time: _____ AM PM

Address _____ Zip Code _____

Ward _____ Police District # _____

CONTACT NAME _____ Title _____

Organization _____

Phone _____ Fax _____

Address _____

Zip _____ Email _____

How did you learn about us? _____

Have you held this event before? yes no

FOCUS

Type of event _____

Ambassadors are requested to: Present (length of presentation _____ minutes)

Adults

Children Ages 6-12 13-17 18+

Number of people expected: _____

SITE

Indoor Outdoor

You will supply the Ambassadors: a table chairs other _____ no equipment

If Ambassadors are assigned a booth or location number, please enter here _____

ADDITIONAL INFORMATION

Ambassador Office use only Date received _____ Date confirmed _____ By whom _____
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