

# Free Classroom Bicycle Safety Presentation APPLICATION

in partnership with the Bicycle Coalition of Maine and MaineDOT

School Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Principal's Name: \_\_\_\_\_

Coordinator of School Bike Safety Program: \_\_\_\_\_

School Coordinator's Phone Number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

School Coordinator's e-mail: \_\_\_\_\_

Indicate grades for which you would like program offered: \_\_\_\_\_

Indicate Number of classrooms and number of students per classroom in each grade you would like program offered:

\_\_\_\_\_

Do you have classroom periods and, if so, how long are they? \_\_\_\_\_

Indicate any recent efforts or programs to promote bicycle safety in the school and who performed these programs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate why you feel it is important to have this program in your school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate # of students who bicycle to school in suitable weather: \_\_\_\_\_

Return by fax, e-mail or regular mail to:

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Bicycle Coalition of Maine  
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Phone/Fax: 623-4511  
E-mail: info@BikeMaine.org