

# Register Your Bike Month NYC Event!

Please fax, mail or e-mail this form by Thursday, February 23, 2009 by 5 p.m.

**FILL OUT COMPLETELY IN ALL CAPS**

## 1. Organization Contact Information

Organization:

Event contact:

Phone:

E-mail:

Organization Web site:

Mailing address:

## 2. Event Information

Date of event:

Start time of event:

End time:

Name of event:

**Type of Event (circle one):**

Art/Music/Film

Conference

Lecture/Class

Guided Tour

Ride

Other

Competition

Rally

Tag line/quick description:

Location of event:

Circle one: BX BK MN QN SI New Jersey Long Island Up State NY

Nearest subway/bus:

## 3. Event Description

(Please provide event description for the calendar listing. If pre-registration is required or there is a limited number of participants, please provide those details here.)

Circle all that apply: Helmets required

Rain Cancels

Rain or Shine

Bring Lunch

Bring water

Distance in Miles \_\_\_\_\_ Cost \_\_\_\_\_

Free

RSVP

If different from organization

Event Website:

Email:

Phone:

## 4. Send To

Transportation Alternatives

Attn: Bike Month

127 W. 26th Street Suite 1002

New York, NY 10001

Fax: 212-629-8334

events@transalt.org