NEW YORK CITY DOT

NYC PRESENTS Summer Streets
3 SATURDAYS IN AUGUST

Local Partner Application
2008

Date of Application: _____

Organization Name: _____

Contact: _____ **Phone:** _____

Email: _____

Website: _____ **Title:** _____

Type of Organization (i.e. Retail, Service, Restaurant, etc.):

_____

What does your organization do? _____

_____

_____

If applicable, how many members does your group have?_____

Why would you like to be involved in Summer Streets? What are the goals you would like to achieve as a Local Partner? _____

_____

_____

_____

Would you be able to contribute financially to Summer Streets as part of your partnership? _____

What could you provide Summer Streets? (please indicate all that apply)

- ☐ Volunteers: Approx. Qty.:_____
- ☐ Bike Rental: Approx. Qty.:_____
- ☐ Bike Repair Staff with equipment
- ☐ Classes
- ☐ Demonstrations
- ☐ Products
- ☐ Services
- ☐ Database Access
- ☐ Other

_____

_____

_____

_____

Comments/Notes: _____

_____

_____

_____

Please submit applications by Friday, July 11th, 2008.
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Mail: LeadDog Marketing Group
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