

Summer Streets 2017

Programming Application

CONTACT INFORMATION

Date of Application: _____

Name of Organization: _____

Contact Name + Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone Number: _____

Organization Website: _____

Please select preferred dates of participation: August 5th August 12th August 19th

BACKGROUND INFORMATION

Briefly describe the mission of your organization in 150 words or less:

Briefly describe your proposed activation (i.e. workshop, demonstration, etc.) and how it fits into the Summer Streets experience in 150 words or less:



Briefly describe the requirements of your activation (i.e. chairs, table, electricity, etc.):

How many members of your organization would supervise and/or participate in the activation? Also, please provide names and titles of all individuals who would participate:

Please email your application to:
summerstreets@dot.nyc.gov

