Local Partner Application
2011

Date of Application: _____

Organization Name: _____

Contact: _____ **Phone:** _____

Address: _____

Email: _____

Website: _____

Type of Organization (i.e. Club, Service, Educational, etc.):

_____

What does your organization do? _____

_____

_____

What are the goals of you would like to achieve as a Summer Streets Partner?

_____

_____

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

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.:_____
- ◻ Classes
- ◻ Demonstrations
- ◻ Products
- ◻ Services
- ◻ Database Access
- ◻ Performance
- ◻ Other

_____

_____

_____

_____

Comments/Notes: _____

_____

_____

_____

Please submit applications by Friday, July 1st, 2011.

Email: remy@leaddogmarketing.com
Fax: 212.741.5013, Attn : Remy Cross
Mail: LeadDog Marketing Group
159 W. 25th St., 2nd Fl, New York, NY 10001, Attn: Remy Cross