



## EVENT REGISTRATION FORM

Name of event:

Date of event:

Start time of the event:  End time:

Location of event:

**Type of event:**

<input type="checkbox"/> group ride/tour/scavenger hunt <input type="checkbox"/> store discount/event <input type="checkbox"/> seminar/clinic/ workshop <input type="checkbox"/> window display breakfast	<input type="checkbox"/> open house/party <input type="checkbox"/> street festival <input type="checkbox"/> bicycle art project/film <input type="checkbox"/> other : _____
--	--

**PLEASE ATTACH DETAILS AND A BRIEF DESCRIPTION OF YOUR EVENT**

Target audience:

Event message:

Event co-ordinator:

Phone No:  Fax No:

E-mail address:

The Bike Month 2008 program collects your E-mail address for the purpose of responding to your enquiries and notifying you of upcoming events. Your E-mail address is not shared with third parties or other departments and program areas in the City of Toronto.

Mailing address:

Volunteers participating: Yes  No  How many?

Promotion plans:

The personal information on this form is collected under the authority of the City of Toronto Act, 1997 (No.2) and By-law #730-2001. The information will be used to administer Bike Week 2002 registration information. Questions about this collection can be directed to Bicycle Promotions Co-ordinator, , 850 Coxwell Ave, 2<sup>nd</sup> Floor, Toronto, ON, M4C 5R1, telephone 416-392-7592.

**USE THIS SPACE FOR A BRIEF DESCRIPTION OF YOUR EVENT** \_\_\_\_\_

