



BICYCLED PROGRAM SPONSOR FORM

To be filled out by the program sponsor.	
Program Title:	
Program Description:	
Program Length:	
Recurrence (Circle One):	Weekly Biweekly Monthly Special
Sponsor Name (Print):	
Organization:	
Address:	
Email:	
Phone:	
Signature:	<div style="display: flex; justify-content: space-between;"> Date: </div>
Staff Use Only	
Address verified by:	ID / Utility Bill / Other: _____
Approved by:	<div style="display: flex; justify-content: space-between;"> Date: </div>