

Bike Rodeo Agreement & Helmet Request Form

Bicycle Safety Trailer			
			and
Contra Costa Health Services	Community Wellr	ness & Prevention Program. The	he Bike Safety
Trailer houses the Safe Move	es City, an obstacle	course for youth that serves as	an educational
tool for bicycle safety. By sig	gning this form the	party agrees to the following:	
will be inspected and returned or destroyed. complete your check of	if it is found to be in (Please use the in deposit.)	mage. After the trailer is returnated and in good condition, the formation at the bottom of the er by the agreed drop off time to	e check will be agreement to
space in the 597 Center	-		C
(50 English/50 Spanish) of th	e educational mate	rials will be provided unless m	ore are requested.
Helmet Request			
Costa County for distribution	to the low-income ontra Costa Helmet	ety related programs and organ children they serve. To ensure Bank must be fitted on to each ictly prohibited.	a proper fit, all
Please write the number of ea	ich helmet you wou	ald like to request next to the co	orresponding size:
Toddler	Small	MediumLarge	XL
** Please be advised that due	to the current budg	get situation helmets are limited	d.
I have read and understand	the terms of the ag	reement as stated above.	
Signature	Date	Title	
Name (Print)	Date	Name of Organization	
D: 1 1	13.6/23.6	Please return this form along	
Pick Up Date and Time	AM/PM	Contra Costa Health Service	
		597 Center Ave. #125 Ma Or Fax to (925) 313-6334 Atten	
		Or 1 ax to (323) 313-0334 Atter	ition. Clayton Johnson
Drop Off Date and Time	AM/PM	If you have any questions plo (925) 313-68	