



# Helmet Giveaway Application

Name of Event: \_\_\_\_\_

Event Time: \_\_\_\_\_

Event Date: \_\_\_\_\_

Expected Guest Count: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Are you able to provide a table and chairs for us to set up a booth: \_\_\_\_\_

Will you need youth sizes, adult sizes, or both: \_\_\_\_\_

Briefly describe the event: \_\_\_\_\_  
\_\_\_\_\_

We have two goals of Helmet giveaway events:

1. To reduce barriers and make helmets more accessible
2. To spread education and aware

Briefly describe how your event will help us meet these goals:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once you have filled out the application, please return it to [info@biank.org](mailto:info@biank.org)