

Bicycle Helmet Request

Organization Name:

Contact Name:

Contact e-mail:

Contact Phone:

Mailing Address:

(Must be a physical
address for UPS delivery)

Event Name:

Event Date:

Event Purpose:

Number of Helmets
Requested:

Requests for bicycle helmets must be received no later than 30 calendar days prior to your scheduled event. Requests will be considered in the order in which they are received. Annual quantities may be limited. If your event is selected, you will receive a variety of helmets in adult small, medium and large sizes and red, blue and silver colors. Requests for specific colors or sizes are not guaranteed.

Send completed requests to:

**Wyoming Department of Transportation - Planning Program
Attention: Sara Janes - Safe Routes to School Coordinator
5300 Bishop Boulevard Cheyenne WY 82009**

For office use only -

Date received:

Approved/Denied:

Date Ordered:

Qty. Ordered:

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Receipt of Bicycle Helmets

Organization Name:

Contact Name:

Contact e-mail:

Contact Phone:

Mailing Address:

(Must be a physical
address for UPS delivery)

Event Name:

Event Date:

Event Location:

Date Helmets Received:

Report of Damage
in Shipping:

*** Receipts for bicycle helmets must be received no later
than 30 calendar days after your scheduled event. ***

Send completed receipts to:

**Wyoming Department of Transportation - Planning Program
Attention: Sara Janes - Safe Routes to School Coordinator
5300 Bishop Boulevard Cheyenne WY 82009**