



capital bikeshare™

Community Partners Program Interest Form

Organization Name _____

Organization Address _____

Organization Main Phone _____

Organization Website _____

Tax ID _____

Mission Statement:

Does your organization serve clients over the age of 16? Yes No

Contact 1 Name _____ Contact 2 Name _____

Contact 1 Email _____ Contact 2 Email _____

Contact 1 Phone _____ Contact 2 Phone _____



Please complete this form and return by email to:

goDCgo
202.299.2186
info@goDCgo.com

Please attach any event promotion flyers, posters, emails, etc.