



National  
Multiple Sclerosis  
Society

2016 BP MS 150 Safety Award  
Application



1. Team Name
2. Team Captain and primary contact information (First Name, Last Name, email address and contact phone #)
3. Please provide the name and contact information of your Team's Safety Coordinator (Provide first name, last name, email address and contact phone #)
4. What level of Safety Award are you applying for? (Bronze, Silver, Gold or Platinum)
5. How many of your team members participated in the 2016 BP MS150?
6. Please list the names of the Ride Marshals from your team (List Names)
7. What percentage of your riders completed the online Safe Cycling Challenge quiz?
8. List the names of your team's League Cycling Instructor(s)? (Name, email and LCI #)
9. Does your team offer "Hands On" Bicycle Skills and Classroom Bicycle Safety training?
  - a. (Yes/No answer) If yes, answer additional questions:
    - i. Length of classroom portion of the training?
    - ii. Length of the hands-on bike skills training?
    - iii. Provide names of all instructors and qualifications:
    - iv. If your team did not offer classes, how did your team member's obtain the "Hands On" Bicycle Skills and Classroom Bicycle Safety training?
10. What percentage of your riders completed a "Hands On" Bicycle Skills and Classroom Bicycle Safety training class within the last three years?
11. Does your team require team members to take a refresher "Hands On" Bicycle Skills and Classroom Bicycle Safety training class every 3 years? (Yes/No answer) If yes, please describe the process. (Text box for response)
12. Does your team maintain records of your team rider's participation in hands-on safety training classes? (Yes/No answer) If yes, please provide an example of recordkeeping method (Text box for response)
13. Please describe how your team members generally train for the BP MS150 (i.e. team training rides, BP MS150 Recommended rides, other training series). (Text box for response)
14. How does your team use the BP MS150 website's safety page? (Text box for response)
15. What information on the BP MS150 website's safety page did you find to be the most beneficial? (Text box for response )
16. What other methods, resources and communication tools did your team use to promote and educate your team on cycling safety awareness? (Text box for response, submit examples)
17. Please tell us about any other efforts your team has made to promote cycling safety (Text box for response)
18. What is your greatest safety related concern regarding the BP MS 150? Please explain in as much detail as possible. (Text box for response)
19. What can the National MS Society do to continue to improve overall event safety and individual rider safety during the BP MS150 Bike Tour? (Text box for response)
20. Please provide the BP MS150 Safety Committee with any other feedback to address safety concerns not covered in this application. (Text box for response)