



**TOUCH-A-TRUCK: MARCH 9, 2019 9AM-1PM**

**VEHICLE REGISTRATION FORM & CONTACT INFO**

PLEASE REMIT BY **FEBRUARY 14, 2019:**

EMAIL TO: [PTL@TRINITYDOWNTOWN.COM](mailto:PTL@TRINITYDOWNTOWN.COM)

(Please return this page when remitting participant contact and vehicle information. If providing more than one vehicle, remit additional copies of the Vehicle Information section per vehicle.)

**CONTACT INFORMATION: (One per Company / Organization)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ \*On-Site Cell (\*For Emergency Purposes): \_\_\_\_\_

Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Can you provide a certificate of liability insurance upon request?  YES  NO

*(It is suggested that a copy of the Certificate of Liability be remitted along with this form.)*

**EVENT PASSES:** Number of event passes (max. 10 per company): \_\_\_\_\_ *(Will be mailed to business contact name and address prior to event. You can contact us at [ptl@trinitydowntown.com](mailto:ptl@trinitydowntown.com) or at (407) 488-1919 if alternate arrangements are required.)*

**VEHICLE INFORMATION: (Please use a different form for each vehicle)**

Business Name / Owner of Vehicle: \_\_\_\_\_

Description of Vehicle (includes any special instructions, especially larger vehicle(s), i.e. turns, etc.): \_\_\_\_\_

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Requires Pavement?  YES  NO

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Approx. Weight of Vehicle: \_\_\_\_\_

Value of Donation / Operator(s) Time: \$ \_\_\_\_\_

Category of Vehicle / Company (check all that apply):  Construction & Engineering  Public Utilities

Not-for-Profit  Government  Military  Emergency Vehicles  Other: \_\_\_\_\_

*For Emergency Vehicles Only:* Is this particular unit on-call during the event?  YES  NO

Will contact person above be present at event on Saturday, March 9, 2019?  YES  NO *(If no, please provide contact information for driver/operator (and any other operators) required for the oversight and safety of your vehicle):*

Driver / Operator: \_\_\_\_\_ On-Site Cell Phone: \_\_\_\_\_

On Site Asst. Operator #1 (if required for safety): \_\_\_\_\_ On-Site Cell Phone: \_\_\_\_\_

On Site Asst. Operator #2 (if required for safety): \_\_\_\_\_ On-Site Cell Phone: \_\_\_\_\_

*(\*\*\*NOTE\*\*\* If driver/operator for day of event is not yet known, please still remit this form by February 14, 2019. Trinity's Truck Chair will gladly follow up with those companies requiring additional time for coordination of efforts prior to event.)*

**MEDIA:** Would your company permit our use of your **company logo(s) or vehicle photo(s) for promotional purposes?** If yes, please email your logo(s) and vehicle photo(s) to: [TLC@TrinityDowntown.com](mailto:TLC@TrinityDowntown.com)

Authorized Signature for Media: \_\_\_\_\_ Date: \_\_\_\_\_

**VENDOR / SPONSORSHIP: (Please complete only those that apply)**

Vendor (with truck participant):  YES  NO  REQUEST MORE INFO. / RECOMMEND VENDOR

If yes, please provide: (1) Approximate dimensions of your company's vendor area: \_\_\_\_\_; and

(2) Will vendor area require location by vehicle?  YES  NO *(TLS will try to accommodate request)*

**ADDITIONAL SPONSORSHIP LEVELS:**  YES (see attached SPONSORSHIP form)  NO

**TRINITY'S TRUCK CHAIRPERSON CONTACT INFO: (Please contact for additional information or any other arrangements.)** Email: [PTL@TrinityDowntown.com](mailto:PTL@TrinityDowntown.com) Phone (407) 488-1919