



EVENT DATE: February 10, 2024 TIME: 9am-1pm
LOCATION: Trinity Downtown 123 E Livingston St. Orlando

CONTACT AND VEHICLE INFORMATION

PLEASE REMIT BY JANUARY 10, 2024:

EMAIL TO: Terry Boggs, mammierocks@yahoo.com

(Please return this page when remitting participant contact 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 Truck Chair, Terry Boggs, by email at mammierocks@yahoo.com or call 407-797-7345 for alternate arrangements.)*

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, FEB 10, 2024? 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 January 10, 2024. 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 Terry Boggs at: mammierocks@yahoo.com

Would you like a link to your website? If yes, please list website address: _____

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 form) NO

TRUCK / VENDOR CHAIR CONTACT INFO.: (please contact for additional information or any other arrangements)

Touch-a-Truck Co-Chair (Terry Boggs) Email: mammierocks@yahoo.com Phone (407) 797-7345

Touch-a-Truck Co-Chair (Ken Boggs) Email: umpboggs@yahoo.com Phone (407) 797-7346