



Parents as Teachers.

INAUGURAL TOUCH-A-TRUCK EVENT

Saturday, May 18, 2019

10:00am – 2:00pm

12:00pm-1:00pm Sensory Hour

mppnhc.org/touch-a-truck

VEHICLE COMMITMENT FORM

Company/Organization: _____

Contact Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Phone #: _____

Fax #: _____

Vehicle Type:	Width:	Length:	Height:	Will it be trailered?
	ft	ft	ft	
	ft	ft	ft	

Please describe any special accommodates that will need to be made for your vehicles (wide turns, space needed at entrance, etc.):

Name of Individuals Staffing the Event:	Contact #:

In consideration of my desire to serve as a participant for the Touch-a-Truck event to be held on Saturday, May 18, 2019, I hereby assume all responsibility for any and all risk of bodily injury or property damage that I may sustain while participating.