CRESTVIEW PUBLIC LIBRARY TOUCH A TRUCK

VEHICLE REGISTRATION FORM

Company Name:				
Address:				
Phone:		Email:		
Contact Name:				
Event Representative(s): _				
Description of vehicle(s) you we hicle. Add any addition a		nization will be pro	oviding, including total le	ength of
Touch a Truck will be held equipment, etc. must be s equipment set-up (materia vehicle(s).	et up and ready by	9:00 am. Your co	ompany is responsible fo	r all the
Signature			Date	
For Library Staff Use only:				
Approved /Denied by:		Additional	Notes by Staff:	
Signature	Date			