*Return completed form immediately for processing. First come, first served for prime space.*

*Date form received: Confirmation sent/ copy kept: Check received: Acknowledged:*

Touch a Truck ~ Feed a Family Saturday, October 12, 2024

11 AM to 2 PM



Activity/Entertainment Application

Contact Name: Business Name: Address: City: Zip: Phone: Email:

\* Note: All organizations are required to provide a children’s activity and/or entertainment at their booth

\*\*I will be providing activity at TAT Set up time will begin at 9:00am. Please be ready to begin your activity at 11:00am. Please indicate if you will need:

Volunteers to help with activity YES or NO If YES, how many?

***Please note: Tables, chairs, tents and platform/staging WILL NOT be provided. You will be required to provide your own tables and chairs. Electricity is not available.***

**…………………………………………………………………………………………………………………………………………….….**

**I, , agree to participate as an activity at the LCM Touch a Truck event on Saturday, October 12, 2024, at the Longview Mall.**

***Signature Date***

*Registration form should be mailed to LCM via Paige Brewer or Kristi Buckrell, P.O. Box 1023, Longview, TX 75606 or fax: (903) 753-0515 or email events@lcmserves.org*