



Touch a Truck ~ Feed a Family
Saturday, October 5, 2019
11 AM to 3 PM

LONGVIEW
MALL

Activity/Entertainment Application

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

****I will be providing _____ activity at TAT as confirmed below:**
(Note: All non-profit organizations are required to provide a children's activity at their booth)

TIMES available during event: _____
(Set up time will begin at 9:00am)

Please indicate if you will need:
Volunteers to help with activity _____ YES or NO If YES, how many? _____

Canopy and platform/staging IS NOT provided.

Please note: You will be required to provide your own tables and chairs and electricity is not available.

.....

I, _____, agree to participate as an activity at the LCM Touch a Truck event on Saturday, October 5, 2019 at the Longview Mall.

Signature _____ **Date** _____

*Completed application should be mailed to LCM via:
Robin Fruia, P.O. Box 1023, Longview, TX 75606
Or FAX completed Vendor Application to (903)753-0515*