

Exhibitor Application

Contact Name:	Title:	
Business Name:		
Address:		
City:	State:	Zip:
Email Address:		
Website:	Facebook:	
Twitter:	Instagram:	
Exhibitor's name, city and state as Ex	hibitor wishes them to appear on all a	signage and publicity:
Select all options that apply below:		
 \$250- Yes, I would like to donate \$ \$0-No, I do not wish to donate \$25 Number of Vehicles you wis \$ Total Amount Due by April 	0 per vehicle as a Touch A Truck Part h to exhibit	
\$0 per Vehicle for Government, En Number of Government, Em	nergency Response or Military Vehicl ergency Response or Military Vehicle	
□ Touch A Truck Participant (\$1M C	ertificate of Insurance required)	
□ View Only Participant (\$1M Certifi	icate of Insurance not required)	
*Upon acceptance, an exhibitor agr proof of insurance (if applicable) is		ecuted exhibitor agreement, along with exhibitor's slot at Touch A Truck.
	Truck Baton Rouge fees are due A ts will be mailed on or before April	
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Email completed Application to <u>touchatruck@juniorleaguebr.org</u> Mail completed Application to 9523 Fenway Avenue, Baton Rouge, LA 70809 Fax completed Application to 225.927.2547