

SAMBULANCE

Special Needs Safety Education



A 501(c)3 Nonprofit Organization

SAMBULANCE Safety Squad Touch a Truck

Saturday, September 8th 9AM – 12PM

Please completely fill out the following vehicle form and return to the address below with payment *no later than September 4, 2018.*

Company Name: _____

Contact Name and Title: _____

Street Address: _____

Phone: _____ Fax: _____ Email: _____

We will bring the following vehicle(s) to Touch A Truck on **Saturday, September 8, 2018:**

Vehicle #1: _____ Length: _____ Width: _____

Vehicle #2: _____ Length: _____ Width: _____

Vehicle #3: _____ Length: _____ Width: _____

Please list any special requirements for vehicle(s) (ie. Early arrival, extra space, etc.)

Name of person accompanying vehicle and phone number: _____

Please attach certificate of insurance:

— I certify that each vehicle listed above is insured under my company's insurance plan and understand I must submit a COI to DiggerlandUSA by August 31, 2018 to participate in the event.

I agree to abide by the rules and procedures for this event (included in this packet).

Signature: _____ Date: _____

Mail payment to: SAMBULANCE Safety Squad 100 Pinedge Drive, West Berlin, NJ 08091

Checks made payable to SAMBULANCE Safety Squad, Inc.