



19TH ANNUAL



TOUCH-A-TRUCK

SATURDAY, SEPTEMBER 13, 2025
9 A.M. - 1 P.M.

Fundraiser to benefit
children and families
served by Waypoint at the
Richie McFarland Center

Pease International Tradeport | Portsmouth, NH
Between One New Hampshire Avenue and Two International Drive

PARTICIPANT AND SPONSOR REGISTRATION

Reserve your space early—space is limited and lot locations will be determined on a first come, first served basis. Participants will receive a comprehensive event packet two weeks prior to the event. **Trucks and vendors set up 7-8:30 a.m., on day of event.**

PARTICIPATION TYPE (CHECK ALL THAT APPLY)

- ☒ **TRUCK EXHIBITOR** How many? _____
Name of Vehicle(s) _____
Will you provide children's activities or
giveaways? If so, please describe: _____
- ☒ **SERVICE VENDOR** Vendor Name _____
Will you provide children's activities or giveaways?
If so, please describe: _____
- ☒ **FOOD VENDOR**
Vendor Name _____
- ☒ **SPONSORSHIP**
- ☒ **IN-KIND DONATION** Donated Item: _____

PARTICIPANT INFORMATION

BUSINESS _____
EMAIL _____
WEBSITE _____
NAME FIRST _____ LAST _____
TITLE _____
ADDRESS _____
CITY _____ STATE/ZIP _____
TELEPHONE _____
PREFERRED METHOD OF CONTACT:
☐ EMAIL ☐ TELEPHONE ☐ MAIL

DONATION PAYMENT INFORMATION

Please complete this form and mail with your check payable to:

Waypoint

Attn: Development

PO Box 448

Manchester, NH 03105

Or securely FAX this form to 603.668-6260.

<input type="checkbox"/> Vehicle Vendor	\$0
<input type="checkbox"/> Service Vendor (non-profit)	\$75
<input type="checkbox"/> Service Vendor (for-profit)	\$150
<input type="checkbox"/> Food Vendor	\$150

SPONSORSHIP

<input type="checkbox"/> Big Rig Sponsor	\$3,000
<input type="checkbox"/> Race Car Sponsor	\$1,500
<input type="checkbox"/> Tow Truck Sponsor	\$1,000
<input type="checkbox"/> Four Wheeler Sponsor	\$500

☒ Additional Donation \$ _____

TOTAL AMOUNT DUE \$ _____

☒ In Kind Donation Item Value: \$ _____

CREDIT CARD PAYMENT: PLEASE PRINT

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

NAME ON CARD _____

CARD # _____

EXPIRATION DATE _____ CVC _____

BILLING ZIP _____

SIGNATURE _____