

20TH ANNUAL



# TOUCH-A-TRUCK

**SATURDAY, SEPTEMBER 12, 2026**  
**9 A.M. - 1 P.M.**

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

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

## 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 464 Chestnut St. Manchester, NH 03105**  
Or securely FAX this form to 603.668-6260.

Vehicle entry	\$0
Service Vendor (non-profit)	\$75
Service Vendor (for-profit)	\$150
Food Vendor	\$150

### SPONSORSHIP

Big Rig Sponsor	\$3,000
Race Car Sponsor	\$1,500
Tow Truck Sponsor	\$1,000
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 \_\_\_\_\_