



## VEHICLE EXHIBITOR FORM

Please return this form no later than **May 22nd** to the attention of **Kate Salmon** at [kate.salmon@canoemuseum.ca](mailto:kate.salmon@canoemuseum.ca) or 910 Monaghan Rd, Peterborough, ON K9J 5K4

### Organizational Details:

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email/Phone Number: \_\_\_\_\_

### Truck Details:

Vehicle Type/Description: \_\_\_\_\_

Vehicle Space Needed: \_\_\_\_\_

Day of Contact Name: \_\_\_\_\_

Day of Contact Cell Phone Number: \_\_\_\_\_

Will you have staff attending the vehicle the full day? \_\_\_\_\_

Do you need any additional volunteer support? \_\_\_\_\_

Other special instructions or information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

