

Women In Trucking Association Girl Scout Transportation Patch Event Planning Form



WIT member contact name: _____

WIT member contact phone: _____

WIT member contact email address: _____

WIT member contact mailing address: _____

Girl Scout contact name: _____

Girl Scout phone: _____

Girl Scout email address: _____

Girl Scout mailing address: _____

Estimated number of girls attending: _____ Age of girls: _____

Date and time of event: _____

Location: _____

Speaker(s): _____

Activities planned: _____

Will snacks/beverages be provided; if so, what: _____

Snacks/beverages possible sponsor(s): _____

Number of patches ordered at \$2/each + shipping _____

Number of Activity/Coloring books ordered at \$2/each + shipping (optional) _____

Where will patches & other materials be shipped? _____

Contact local media for press coverage (optional): _____

*If media will be present, girls must complete a release form.

Are you a Women In Trucking Association member? _____

How did you hear about the Women In Trucking Transportation Patch? _____

Notes: _____

If you have questions, please contact Lana@womenintrucking.org.



WOMEN IN TRUCKING