

The 2018 Truck Convoy is set for Saturday, September 15, at the WY-Dot facility at 5300 Bishop Blvd in Cheyenne

# Wyoming Registration Form (page 1 of 2)

**Pre-Registration Deadline: September 12, 2018**

**Registrations will also be accepted the day of the event. Credit cards accepted.**

Entries should be paid in advance to guarantee a position. A copy of proof of insurance for participating trucks should be submitted with this form.

**Please note: No trucks containing Hazardous Materials or alcohol and/or tobacco logos permitted.**

## SPONSORSHIP LEVEL

I, or my company, wish to participate as:

- Shake the Buses Sponsor - \$2,000 (No. of trucks: \_\_)
- Hammer Down Sponsor - \$1,000 (No. of trucks: \_\_)
- Georgia Overdrive Sponsor - \$500 (No. of trucks: \_\_)
- King Pin Participant - \$100
- Virtual Participant - \$100 or more (no truck attending)



## COMPANY INFORMATION

Please list main company contact information in this section. The next page of this form should be completed and signed by each driver.

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Company Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please complete the next page with driver information.**

## METHOD OF PAYMENT

Total Amount Due: US \$ \_\_\_\_\_

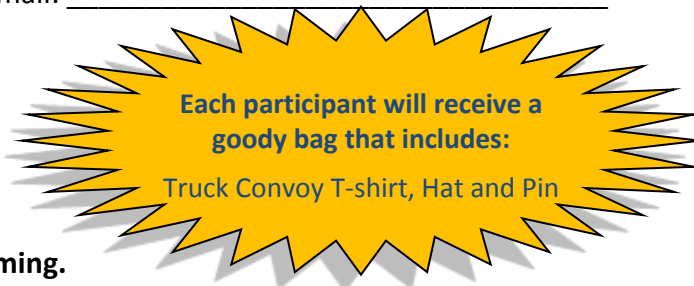
Check enclosed made payable to **Special Olympics Wyoming.**

Charge to:  Visa  MasterCard  American Express  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_



**PLEASE REMEMBER TO INCLUDE PROOF OF INSURANCE WITH THIS REGISTRATION FORM.**

**Please make all checks payable to Special Olympics Wyoming and return this page with your check to:**

Special Olympics Wyoming  
Attn: Truck Convoy  
239 W 1<sup>st</sup> St.  
Casper, WY 82601

**Or for credit card payments, fax to (307) 235-3063 or call (307) 235-3062  
(credit cards can be taken at the event)**

## Wyoming Registration Form – Page 2

A copy of proof of insurance for participating trucks should be submitted with this form.

**PLEASE NOTE: NO TRUCKS CONTAINING HAZARDOUS MATERIALS OR ALCOHOL AND/OR TOBACCO LOGOS PERMITTED.**

### DRIVER INFORMATION

*Please submit the following information for each driver participating in the Truck Convoy. Each driver must sign that the information provided is true and accurate. Make additional copies of this sheet as needed.*

1) Company: \_\_\_\_\_ Driver Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Driver e-mail: \_\_\_\_\_

- I have a minimum of \$1,000,000 combined single limit insurance for my vehicle; or
- I have the minimum insurance limits required in the above named state.
- I have a Commercial Driver's License.

By signing below, I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

2) Company: \_\_\_\_\_ Driver Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Driver e-mail: \_\_\_\_\_

- I have a minimum of \$1,000,000 combined single limit insurance for my vehicle; or
- I have the minimum insurance limits required in the above named state.
- I have a Commercial Driver's License.

By signing below, I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

**Please submit this form with the company registration form and payment.**

All participants will be asked to sign a release at the event.