Wyoming Registration Form (page 1 of 2) Pre-Registration Deadline: September 15, 2016 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 Bushes 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		Each participant will receive a goody bag that includes: WLTC T-shirt, Hat and Pin
Total Amount Due: US \$		WLTC T-shirt, Hat and Pin
Check enclosed made payable to s		
🗖 Charge to: 🛛 🗖 Visa 🗖 Maste	rCard 🗖 American Express	5 🗖 Discover
Account Number:		_Expiration Date:
Card Holder Name:		
Signature:		
	<i>Social Olympics Wyoming</i> an Special Olympics Wyoming Attn: Truck Convoy 239 W 1 st St. Casper, WY 82601	тніs recistration ғогм. nd return this page with your check to:
	ments, fax to (307) 235-3063 dit cards can be taken at the e	

This form is available on the Special Olympics Web-site www.specialolympicswy.org

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:	mpany: Driver Name:			
	Address:	ddress:			
	City:		Zip Code:		
	Cell Phone:	nail:			
	 I have a minimum of \$1,000,000 combined single limit insurance for my vehicle; o I have the minimum insurance limits required in the above named state. I have a Commercial Driver's License. 				
	ning below, I certify that the info est of my knowledge.	ormation I have provided	d on this form is true and accurate to		
	Driver Signature	Date			
2)	Company:	Driver Name:			
	Address:				
	City:	State/Province:	Postal Code:		
	Cell Phone:	Driver e-r	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.					