



Big Rigs. Big Hearts. Big Results
September 23rd, 2017



DID YOU KNOW...

Big Hearts Means You!

The majority of the registration money goes towards making this day great for you and your family. Our athletes win when you, the driver, collect pledges!

If every driver took the 10 day challenge and collected \$500 in pledges, the drivers alone would raise \$76,000! Together we would raise over \$100,000 for our athletes.

Will you join us and help?

THE CHALLENGE

	WHO TO ASK	TOTAL PER DAY	GRAND TOTAL
<i>Day 1</i>	Sponsor yourself for \$25	\$25	\$25
<i>Day 2</i>	Ask 3 family members to match your donation of \$25	\$75	\$100
<i>Day 3</i>	Ask your best friend to sponsor you for \$25	\$25	\$125
<i>Day 4</i>	Ask your boss for a contribution of \$25 or to match the entire money you raise	\$25	\$150
<i>Day 5</i>	Ask 5 local friends to sponsor you \$10 each	\$50	\$200
<i>Day 6</i>	Ask 5 out of town friends to sponsor you \$10 each	\$50	\$250
<i>Day 7</i>	Ask 5 businesses you frequent (barber, salon, dry cleaner, dentist, restaurant) to sponsor you \$10 each	\$50	\$300
<i>Day 8</i>	Ask 5 co-workers to sponsor you \$10 each	\$50	\$350
<i>Day 9</i>	Ask 5 neighbours to sponsor you \$10 each	\$50	\$400
<i>Day 10</i>	Ask 10 people from your church/temple/social club, etc. to sponsor you \$10 each	\$50	\$500





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COMPANY REGISTRATION FORM

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

Convoy Participant - \$125

Private Donation \$_____

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: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Company Contact Name: _____ e-mail: _____

Our company has participated in the convoy for _____ years

METHOD OF PAYMENT

Total Amount Due: CAN \$ _____

Cheque enclosed made payable to Special Olympics Nova Scotia

Charge to: Visa MasterCard

Account Number: _____

Expiration Date: _____

Card Holder Name: _____

Signature: _____

Please remember to include proof of insurance with this registration form.

Please make all cheques payable to Special Olympics Nova Scotia

Complete and return this page with your cheque to:

Special Olympics Nova Scotia

5516 Spring Garden Road, Suite 201

Halifax, NS B3J 1G6

Phone: (902) 429-2266 (ext. 2) • Fax: (902) 425-5606

Email: amshannon@sportnovascotia.ca

Please complete the next page with driver information.





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DRIVER REGISTRATION FORM

A copy of proof of insurance of participating trucks should be submitted with this form. Please note: No Hazardous Materials or alcohol or tobacco logos Permitted.

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.

DRIVER INFORMATION

Company: _____ Driver Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ Driver e-mail: _____

I drive a : (make/model): _____

T-Shirt Size: S M L XL 2XL 3XL 4XL

I have been involved in the Special Olympics convoy as a driver for _____ years.

I have a minimum of \$1,000,000 combined single limit insurance for my vehicle;

I have the minimum insurance limits required in the above named province.

I have a Commercial Driver’s License.

I will be bringing my trailer in the convoy.

I would like to participate in the trucker buddy program and have an athlete drive in the convoy in my truck.

I will be staying for the return celebration/BBQ immediately following the convoy at approximately 1:30pm.

*** Cost for the BBQ is free for me and a guest. I will be bringing a TOTAL number of _____ guests with me for the BBQ and return celebration. *Additional BBQ tickets can be purchased at the event.* Numbers are needed for planning purposes.

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





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DONATIONS

Participants Name: _____

We hope to raise funds for children and adults with an intellectual disability by providing year-round sport training and competition. I need your help. Will you please sponsor me by making a tax-deductible donation to Special Olympics Nova Scotia today? **Thank you!**

NAME:	AMOUNT: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Address: _____		
City: _____	Province: _____	Postal Code: _____
Tel: _____	Email: _____	

NAME:	AMOUNT: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Address: _____		
City: _____	Province: _____	Postal Code: _____
Tel: _____	Email: _____	

NAME:	AMOUNT: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Address: _____		
City: _____	Province: _____	Postal Code: _____
Tel: _____	Email: _____	

NAME:	AMOUNT: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Address: _____		
City: _____	Province: _____	Postal Code: _____
Tel: _____	Email: _____	

NAME:	AMOUNT: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Address: _____		
City: _____	Province: _____	Postal Code: _____
Tel: _____	Email: _____	

Make all cheques payable to: Special Olympics Nova Scotia. Please bring form and donations to Registration on September 24, 2016. Tax receipts will only be issued for donations of \$20 or greater unless otherwise requested.

Cash: \$	Cheques: \$	TOTAL: \$
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Special Olympics NS Registered Charitable Number – 119159309RR001

