



REGISTRATION FORM

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

SPONSORSHIP LEVEL

I, or my company, wish to participate as:

- Guardian Sponsor - \$2,500 (No. of trucks: __)
- Gold Sponsor - \$1,000 (No. of trucks: __)
- Silver Sponsor - \$500 (No. of trucks: __)
- Convoy Participant - \$100 _____

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 : (_____) _____ E-Mail: _____

Company Contact Name: _____

METHOD OF PAYMENT:

Total Amount Due: US \$ _____

Check enclosed made payable to Special Olympics South Carolina

Charge to: Visa MasterCard AmX Discover

Acc#: _____ Exp. Date: _____ Code _____

Card Holder Name: _____

Signature: _____

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

Please make all checks payable to SOSC and return this page with your check to:

Special Olympics South Carolina

Attn: Truck Convoy, 109 Oak Park Dr., Irmo, SC 29063