



## MANITOBA REGISTRATION FORM

### 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**      Company Sponsor: \_\_\_\_\_

### Cash, Cheque, Visa or Master Card.

Total Amount Due: Canadian \$ \_\_\_\_\_

Cheque enclosed made payable to **Special Olympics Manitoba**

Charge to: ( ) Visa      ( ) MasterCard      ( ) American Express

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

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

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

Please make all cheques payable to “**Special Olympics Manitoba**” and return this page with your cheque to:

Special Olympics Manitoba  
Attn: Truck Convoy; 4<sup>th</sup> Floor - 200 Main Street, Winnipeg, MB, R3C 4M2  
Or for credit card payments, fax to (204) 925-5624

