



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; 304 - 145 Pacific Avenue, Winnipeg, MB, R3B 2Z6
Or for credit card payments, fax to (204) 925-5635

REGISTRATION FORM

(Team) Driver's Information for this vehicle

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 on this sheet as needed.

Company: _____ Drivers Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Cell Phone () _____ Driver E-mail: _____

- () I have been involved in Special Olympics.
- () I have a minimum of One Million (\$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 Drivers Licence.

- () *I would like a Special Olympics Athlete (and escort) to travel in my tractor unit.*

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

Drivers Signature Date

Team Driver #2 Drivers Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Cell Phone () _____ Driver E-mail: _____

- () I have been involved in Special Olympics.
- () I have a minimum of One Million (\$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 Drivers Licence.

- () *I would like a Special Olympics Athlete (and escort) to travel in my tractor unit.*

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

Drivers Signature Date