

WORLD'S LARGEST TRUCK CONVOY

Saturday September 10, 2017 Registration Form

Company Information

Registration is <u>\$125</u> per con section. Page 2 of this form				his
Company:				
Address:				
City:	State/Province		Postal Code:	
Phone ()		Fax:		
Company Contact Name:		E-mail:		
Please complete the next pa	ge with driver informat	tion.		
METHOD OF PAYMENT	Company Sponsor	:		
Cash, Cheque, Visa or Maste	rCard.			
Total Amount Due: Canadian	\$			
Cheque enclosed made paya	ble to Special Olympi	cs Manitoba		
Charge to: () Visa	() MasterCard	() Americ	can Express	
Account Number:		Ехрі	ration Date:	
Card Holder Name:		Signature:	:	

REMEMBER TO INCLUDE PROOF OF INSURANCE WITH THIS REGISTRATION FORM.

Please return this page with your cheque to:

Special Olympics Manitoba Attn: Darren Anderson 304 - 145 Pacific Avenue, Winnipeg, MB, R3B 2Z6 Or for credit card payments, fax to (204) 925-5635



Presenting Sponsors



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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 on this sheet as needed.

Company:			Drivers Name:					
Addre	ess:							
City:			State/Provir	ıce:	Posta	l Code: _		
Cell P	hone ()	Driver E-mail:					
0	I have a I have a I have a	a minimum of Or the minimum a Commercial	in Special Olympics One Million (\$1,000 insurance limits requ Drivers Licence. l Olympics Athlete (,000) combin uired in the a	above name	ed provino	ce.	יy vehicle;
T-Shir	t Size:	Small	Medium	Large	XL	XXL	XXXL	
All ent event.	rants wi	ll receive a co	mplimentary breakf	ast at the tir	ne of regist	ration ar	nd lunch fo	llowing the
	-	ow, I certify t y knowledge.	hat the information	I have provid	ded on this	form is tr	rue and ac	curate to

Drivers Signature

Date

This information is provided for the purposes of the World's Largest Truck Convoy for Special Olympics Manitoba only and will not be sold or exchanged. Signature above certifies agreement that all decisions are final as determined by the Organizing Committee of the Truck Convoy.

FOR QUICK AND EASY ONLINE REGISTRATION, PLEASE VISIT:

WWW.SPECIALOLYMPICS.MB.CA



2017 Truck Convoy Pledge Form

Driver Name: _____







I will be participating in the Truck Convoy for Special Olympics Manitoba in September. We hope to raise funds for Manitobans with an intellectual disability by providing sport training and competition. I need your help. Will you please sponsor me by making a tax deductible donation to Special Olympics Manitoba today? Thank you!

First/Last Name	Address/City	Postal Code	Phone	Email	Amount	Paid
	ed pledge forms must be returned			ba		
Cheques: all cheques must be payable to Special Olympics Manitoba TOTAL \$ Receipts: Income tax receipts will be issued for donations over \$20.00 with complete donation information						
Charitable Reg. # 11309-0732-RR001						