



WORLD'S LARGEST TRUCK CONVOY

Saturday, September 19, 2009

Registration Form

A copy of proof of insurance for participating trucks MUST be submitted with this form. PLEASE NOTE: NO HAZARDOUS MATERIALS, ALCOHOL OR TOBACCO LOGOS PERMITTED. All trucks must be minimum 10,000 GVW.

Company Information

Please list main company contact information in this section. **Page 2** of this form must also be completed and signed by each driver.

Company		
Address		
City	Province	Postal Code
Company Contact Name		Email
Telephone ext.		Fax
Name of Insurance		
Policy Number		Policy Expiry (mm/dd/yyyy)

- I have a minimum of \$1,000,000 combined single limit insurance for my vehicle; or
- I have the minimum insurance limits required in the above named province.
- I have a valid Commercial Driver's License.
- All vehicles must comply with Ontario laws having a valid inspection.

Method of Payment - \$100.00 (Per Truck)

Total Amount Due: \$	Cheque enclosed <input type="checkbox"/> (Payable to Special Olympics Ontario)	
	Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number	Expiration Date (mm/yy)	
Cardholder's Signature		

Canada Revenue Agency does not allow for registration fees to be "tax deductible" – therefore no official receipt for income tax purposes will be issued for this registration.

Please make all cheques payable to: **Special Olympics Ontario** & return all pages with your cheque to:

Southern Ontario Special Olympics Convoy
c/o Tammy Blackwell
128 Poplar Drive, Cambridge, Ontario, N3C 4A8
Telephone: (519) 897-0073 / Fax: (519) 623-8204 / www.sosoconvoy.com

(Continued Over)



WORLD'S LARGEST TRUCK CONVOY

Registration Form – Page 2

Please note: No hazardous materials or alcohol or tobacco logos permitted.

Driver Information

Please submit the following information for each Driver participating in the Truck Convoy. Each driver must sign that the following information provided is accurate and true. Make additional copies of this sheet as required.

Company Driver: Owner/Operator:

Able to accommodate **Special Olympics Athlete** as a passenger? Yes No

(All persons in vehicle must have & wear restraint device.)

Name		Name to Appear on Website: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address		City	
Province	Postal Code	Home Telephone	
Cell	Email		
Driver's License Number		License Expiry (mm/dd/yyyy)	Plate Number

T-Shirt Size: Medium Large XL XXL XXXL Other _____

All entrants will receive 1 personal & 1 guest meal voucher for sponsored meals. Meals may be purchased for additional guests.

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

Driver Signature: _____

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