



November 19, 2022 — zMax Dragway at Charlotte Motor Speedway

Truck Convoy Registration Form

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

COMPANY INFORMATION:

Company: _____ Company Contact _____
Address: _____
City: _____ State/Province: _____ Postal Code: _____
Phone: _____ Contact email: _____

- Convoy Participant - \$100 Highway Partner - \$1,000 Rubber Duck - \$10,000
- Highway Hero - \$2,500 Hauling the Gold - \$5,000 What's Your 20? - \$20,000

We will be unable to participate in the convoy this year but would like to support Special Olympics with a donation of \$ _____.

METHOD OF PAYMENT _____ **Total Amount Due:** US \$ _____

Check enclosed made payable to **Special Olympics North Carolina**
 Charge to: American Express Visa MasterCard
 Account Number: _____ Expiration Date: _____
 Card Holder Name: _____
 Billing Address: _____
 Signature: _____

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. Attach additional driver sheet if needed.

Company: _____ Driver Name: _____
 Address: _____
 City: _____ State/Province: _____ Postal Code: _____
 Cell Phone: _____ Driver e-mail: _____

Driver shirt size—circle one: S M L XL XXL 3XL 4XL
 Additional event t-shirts are available for your ride along, \$10 each—circle one S M L XL XXL 3XL 4XL

- _____ 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 state.
- _____ I have a Commercial Driver's License

By signing here, I certify that the information I have provided on this form is true and accurate to the best of my knowledge:
Signature: _____ Date: _____

****PLEASE REMEMBER TO INCLUDE PROOF OF INSURANCE****
Please submit form(s) to: Special Olympics North Carolina, ATTN: Leslie Moyar
2200 Gateway Centre Blvd. Suite 201
Morrisville, N.C. 27560
Email: lmoyar@sonc.net
Phone: (919) 210-0966

Additional Drivers

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.

Company: _____ Driver Name: _____
Address: _____
City: _____ State/Province: _____ Postal Code: _____
Cell Phone: _____ Driver e-mail: _____

Driver shirt size—circle one: S M L XL XXL XXXL

- ____ I have been involved in Special Olympics.
____ have a minimum of \$1,000,000 combined single limit insurance for my vehicle; or
____ have the minimum insurance limits required in the above named state.
____ I have a Commercial Driver's License

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

Driver Signature

Date

****PLEASE REMEMBER TO INCLUDE PROOF OF INSURANCE****

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Address: _____
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Driver shirt size—circle one: S M L XL XXL 3XL 4XL

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Driver Signature

Date

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