

August 17, 2024
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** **Pedal to the Medal Partner - \$2,000**
 Hauling the Gold - \$5,000 **10-4 Partner - \$10,000** **What's Your 20? - \$20,000**

We will be unable to participate in this year but would like to support 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
Ride Along shirt size, \$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****

Driver Information

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

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

- I have been involved in Special Olympics.
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 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****