

Truck Convoy Registration Form

PLEASE REMEMBER TO INCLUDE PROOF OF INSURANCE WITH THIS REGISTRATION FORM.

SPONSORSHIP LEVEL

I, or my company, wish to participate as:

· Guardian Sponsor - \$2,500 (No. of trucks: _____)

Gold Sponsor - \$1,000 (No. of trucks: _____)

· Silver Sponsor - \$500 (No. of trucks: _____)

Convoy Participant - \$100 **FREE for CIT Sponsored Trucks**

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: _____ Contact Name: _____

Address: _____ Email: _____

City: _____

State: _____ Zip Code: _____

Phone: (_____) _____

METHOD OF PAYMENT:

~~Total Amount Due: US \$ _____ NA~~

~~Check enclosed made payable to **Special Olympics South Carolina**~~

~~Charge to: Visa MasterCard AmEx Discover~~

~~Acct#: _____ Exp. Date: ____/____ CVV _____~~

~~Card Holder Name: _____~~

~~Signature: _____~~

~~**REGISTRATION AND PAYMENT ALSO ACCEPTED THE DAY OF THE CONVOY, BUT WE CAN PLAN
BETTER IF YOU SEND IT IN ADVANCE - THANK YOU!**~~

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DRIVER INFORMATION:

Please submit the following information for each driver participating in the Truck Convoy.

Each driver must verify that the following information is true and accurate. Make additional copies of this sheet as needed.

Company: _____

Driver Name: _____

Address: _____

City: _____ St: _____

Zip: _____ E-mail: _____

_____ I have a minimum of \$1,000,000 combined single limit insurance for my vehicle

_____ I 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 _____/_____/2023

WE ARE SPONSORING INTERNATIONAL AND HINO TRUCKS.

PLEASE INCLUDE THE MAKE, MODEL AND YEAR OF THE TRUCK(S) YOU WOULD LIKE TO REGISTER FREE!

MAKE

MODEL

YEAR



Special Olympics
South Carolina