



**PARIS TRUCK CONVOY**  
**Saturday, September 19, 2020**  
**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 <b>Special Olympics Ontario</b> ) Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Card Number	Expiration Date (mm/yy)	CVV
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:

Truck Convoy for Special Olympics Ontario  
c/o Tammy Blackwell  
128 Poplar Drive, Cambridge Ontario, N3C 4A8  
(Continued Over)



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**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 a 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 World's Largest Truck Convoy for Special Olympics Ontario 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.TRUCKCONVOY.CA](http://WWW.TRUCKCONVOY.CA)**