

**REGISTRATION FORM - SECTION 2**

**HOW DID YOU HEAR ABOUT THE CONVOY?**

XM Radio \_\_\_ Poster \_\_\_ Radio Station \_\_\_

Website \_\_\_ Friend \_\_\_ Other \_\_\_

Recruited by: \_\_\_\_\_

**DRIVER INFORMATION**

**Each driver must present proof of insurance, registration & current valid driver's license at the convoy. Please submit the following driver information with payment. One driver per brochure, please!**

Company: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

T-shirt size (small-XXXL) \_\_\_\_\_

Driver e-mail: \_\_\_\_\_

\_\_\_ I have been involved in Special Olympics.

\_\_\_ I have participated in a World's Largest Truck Convoy for Special Olympics.

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

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 \_\_\_\_\_

Visit

[www.worldslargesttruckconvoy.com](http://www.worldslargesttruckconvoy.com)  
to download registration forms or to participate in online fundraising where friends & family can support your convoy efforts.



**Special Olympics**  
Be a fan.

**Sept. 18, 2010**

A celebration of the trucking industry & law enforcement working together for Special Olympics Missouri

The Family Arena – St. Charles

Registration: 8 – 9:30 am

Drivers Meeting: 9:30 am

Convoy: 10 am

Arrive at TR Hughes Ballpark: 11:30am

Lunch provided by Texas Roadhouse: noon

Followed by awards ceremony



**Special Olympics**

*Missouri*

Be a fan.™

**For more information,  
contact Special Olympics Missouri  
314-961-7755**

**[www.somo.org](http://www.somo.org)**



## World's Largest Truck Convoy

Truckers from all over the United States will kick off the World's Largest Truck Convoy® for Special Olympics Missouri at the Family Arena in St. Charles off of I-70. Trucks will leave the Family Arena escorted by law enforcement in a convoy throughout St. Louis, and end at the TR Hughes Ball Park in O'Fallon for the celebration party, recognizing participating truckers and the support they give to Special Olympics. Special Olympics athletes and families, community organizations, companies and law enforcement agencies will welcome the trucks as they enter the ballpark for great music and fun!

### To Participate in this Event...

- 1. You must be a semi-truck, truck/trailer combination, fire truck, dump truck, flat bed, bus, large tow truck or large box truck. All trucks must be 10-GVW or larger.**
- 2. You must also pick one of the sponsor categories below:**

#### Bronze Sponsor: \$1,000

Up to 5 entries in convoy

Lunch for company representative and/or drivers

Name placed in event program

Recognized at celebration party ceremony

Company banner hung at event site

#### Convoy Participant: \$100

One entry in convoy

Lunch provided for driver

#### Banner Sponsor: \$100

Company banner hung at event site

Amounts are deductible in accordance with applicable laws.

**Official goodie bags for all registered drivers will be given out at registration.**



## REGISTRATION FORM - SECTION 1

1. Entries must be paid in advance to guarantee a position.
2. Pre-registration must be received by August 6, 2010 to be guaranteed a goodie bag the day of event. All others will receive bag at a later date.

**PLEASE NOTE: NO HAZARDOUS MATERIALS**

### SPONSORSHIP LEVEL

- Bronze Sponsor: \$1,000 (# of trucks: \_\_)
- Convoy Participant: \$100
- Banner Sponsor: \$100

### COMPANY INFORMATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

### METHOD OF PAYMENT

Total Amount Due: \$ \_\_\_\_\_

1. Return this form with check payable to:  
Special Olympics Missouri  
ATTN: Convoy, 1516 S. Brentwood,  
Suite 100

St. Louis, MO 63144

2. Pay with credit card and fax both sides of this form to (314)961-0660:

Visa \_\_\_\_ MasterCard \_\_\_\_ Exp. Date: \_\_\_\_\_

Account # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_