

Join the World's Largest Truck Convoy



Special Olympics
Be a fan.®

West Monroe Louisiana Convoy

Join the athletes of Special Olympics Louisiana, Law Enforcement, and Truckers Friday 8-6-2010 for family night 7:00 till 10:00 pm. Entertainment for Friday night will be Willie P. Richardson along with Jail & Bail and Karaoke. Bring you appetite and eat hamburgers and hot dogs Saturday 8-7-2010 there will be live entertainment also an auction and the crowning of the queen and king of the convoy plus some good bar-be-cue. Jail and bail a fire truck pull and the dunking booth will be some of the highlights for Saturday.

The Cost is 100.00 per truck and all donations accepted. Motorcycles will be welcome on Saturday for the convoy with the cost of \$50.00 per bike.

**Where: Horse Pavilion- Ike Hamilton Expo Center
501 Mane West Monroe, LA 71292.**

**For more information call Bridget Hebert 318-335-0606 or 318-613-8658
Paul & Debbie Orser@318-237-1863 or Mr. Ed Frenz 813-532-6196**

SOL Office at 1-800-345-6644 or register on line at www.laso.org

A copy of proof of insurance of participating trucks should be submitted with this form.
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 information provided is true and accurate. Make additional copies of this sheet as needed.

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

- I have been involved in Special Olympics.
- 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 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

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

- I have been involved in Special Olympics.
- 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 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

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:

Address:

City: _____ State/Province: _____ Postal

Code: _____

Phone: _____ Fax: _____

Company Contact Name: _____ E-mail: _____

Please complete the next page with driver information.

METHOD OF PAYMENT **Check or Credit will be accepted for pre-registration. A telephone number has to be listed with credit card or check payments.**

Total Amount Due: US \$ _____

Check enclosed made payable to **Special Olympics Louisiana**

: Visa MasterCard No debit Cards

Account Number: _____ Expiration Date: _____

Card Holder Name:

Signature:

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

Please make all checks payable to Special Olympics Louisiana and return this page with your check to: Address on next page.