



Special Olympics South Dakota



50 YEARS 1968 - 2018



### TRUCK CONVOY REGISTRATION FORM

Registrations and payment (in full) must be submitted by September 1<sup>st</sup> in order to guarantee sponsorship on t-shirt. All drivers must have a CDL and a minimum of \$1,000,000 combined single limit insurance for their vehicle OR have the minimum insurance limits required in South Dakota.

#### SPONSORSHIP LEVEL

I, or my company, wish to participate as:

- Guardian Sponsor - \$5,000
- Gold Sponsor - \$2,500
- Silver Sponsor - \$1,000
- Private Donation \$ \_\_\_\_\_

- Bronze Sponsor - \$500
- Blue Ribbon Sponsor - \$250
- Convoy Participant - \$100
- Vendor - \$100

#### LOCATION

Please select one:

- Sioux Falls (Sept 17-18)
- Rapid City (Sept 10-11)

#### COMPANY/DRIVER INFORMATION

Please list driver information, as well as main company contact in this section.

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

Company Contact (if different from driver): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Shirt size (Small – 5x): \_\_\_\_\_ Name on t-shirt (Rapid City Only):  Driver  Company

\*\*No hazardous materials permitted.

#### METHOD OF PAYMENT

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

- Check enclosed made payable to **Special Olympics South Dakota**
- Charge to:  Visa  Mastercard

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

By signing below, I certify that the information I have provided on this form is true and accurate.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

Visit [www.sdconvoy.org](http://www.sdconvoy.org) for the latest info