

Registration

TRUCK CONVOY
& CAR CRUISE

8:00am

— UNTIL —

9:45am

TRUCK CONVOY & CAR CRUISE

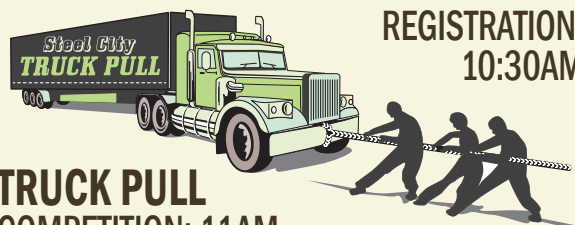
— start at —

10:00AM

MANDATORY
SAFETY MEETING:

9:45am *for drivers*

LOCATION & PARKING: LOT UNDER
THE 16TH STREET BRIDGE IN
PITTSBURGH'S STRIP DISTRICT



REGISTRATION:
10:30AM

TRUCK PULL
COMPETITION: 11AM

CAR CRUISE CONVOY

STARTS AT 10AM



CAR CRUISE
TOWN: 11AM -4PM

- NO HAZARDOUS MATERIALS OR TRUCKS WITH ALCOHOL OR TOBACCO NAMES OR LOGOS ARE PERMITTED AND TANKERS WITH PURGED PAPERS WILL BE ALLOWED.

FOR MORE EVENT INFO OR TO REGISTER:

- VISIT SPECIALOLYMPICSPA.ORG
OR CALL 724.375.7515 X.249

— FREE —
*for all
spectators*

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Special Olympics
Pennsylvania



STEEL CITY TRUCK CONVOY



SUNDAY, OCTOBER 6th, 2013



REGISTRATION FORM

Registration opens at 8:00am

I, or my company wish to participate as:

- _____ Car Cruise Participant - \$20 per vehicle _____ Big Rig Partnership - \$1,000 (No. of trucks _____)
- _____ Truck Convoy Participant - \$100 _____ Convoy Partnership - \$2,500 (No. of trucks _____)
- _____ Truck Pull Team of 5 - \$125 _____ Long Haul Partnership - \$5,000
- _____ Bronze Level Partnership - \$250 _____ Private Donation _____
- _____ Gold Level Partnership - \$500

Participant Information:

Participant Name(s): _____

Shirt size: YM S M L XL 2XL 3XL

Truck Pull
Team Name:

Payment and Insurance:

Pre-registered entries must be paid in full by **Friday, October 4, 2013**. A copy of proof of insurance for participating trucks and cars must be submitted with this form or emailed to chucker@specialolympicspa.org.

Checks should be made out to: Special Olympics PA

Total Amount Due: _____

Check Enclosed _____

Charge to: Visa, MasterCard, American Express, Discover

Name on card: _____

Exp Date: _____

Account Number: _____

Security Code: _____

Signature _____

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

Driver Information: For Truck Convoy and Car Cruise Participants

Company: _____

Special Olympics PA
200 Cedar Ridge Drive, Suite 214
Pittsburgh, PA 15205
Attn: Carrie Hacker

Drivers Name: _____

Vehicle Type: _____

Make/Model/Year: _____

Address: _____

City, State, Zip: _____

Day of Contact Number: _____

Drivers e-mail: _____

Passengers Name: _____

TRUCK CONVOY DRIVERS ONLY

_____ 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 Drivers License

Driver's Signature _____

Date _____