



**11<sup>th</sup> Annual Charity "FUNDRIVE" (September 10, 2011)  
To Benefit Make-A-Wish Foundation  
ENTRY FORM**

Please Print Clearly or Type

Participant's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2011

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Employer/Retired From: \_\_\_\_\_ Years \_\_\_\_\_

Domicile Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

CHECK ONE CLASS OF COMPETITION

\_\_\_\_ Straight Truck

\_\_\_\_ 3 Axle Van

\_\_\_\_ 4 Axle Van

\_\_\_\_ 5 Axle Van

\_\_\_\_ Sleeper Class

\_\_\_\_ Tank Class

\_\_\_\_ Flatbed Class

\_\_\_\_ Twin Trailer Class

CHECK IF ANY APPLY

\_\_\_\_ Rookie

\_\_\_\_ Retired

\_\_\_\_ Management

Requirements:

1. Valid CDL – Attach Photo Copy to Release Form
2. Attached Release Form Must Be Completed
3. \$50.00 Minimum Donation (all checks made to: Make-A-Wish-Foundation)

**2 Supper Tickets Included With Paid Entry.**

Number of **Additional** Tickets Needed for Supper @ \$8.00 Each \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE ATTACHED DRIVER INFORMATION SHEET**

Application Deadline: August 26, 2011 (Late Application will be Accepted Up to The Day of the Event)  
Please return all questionnaire forms ASAP to: Mid Atlantic Professional Truck Drivers Association  
P.O. Box 501, Fishersville, VA 22939

# DRIVER INFORMATION

Participant's Name \_\_\_\_\_ Class \_\_\_\_\_  
(Please Print Clearly)

Employer \_\_\_\_\_ Domicile \_\_\_\_\_

Spouse/Significant Other \_\_\_\_\_

Children (name and age) \_\_\_\_\_

Hobbies \_\_\_\_\_

Accident Free Miles \_\_\_\_\_ Years Safe Driving \_\_\_\_\_

Trucking Awards or Citations \_\_\_\_\_

Competition Information (Company, Year, State, National, Class, Position) \_\_\_\_\_

Additional Comments (Yourself, Driving Career, etc.) \_\_\_\_\_