



10th Annual Charity "FUNDRIVE" (August 28, 2010)
To Benefit Make-A-Wish Foundation
ENTRY FORM

Please Print Clearly or Type

Participant's Name _____ Date ____/____/2010

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 13, 2010 (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.) _____
