



Big Rigs! Big Hearts! Big Results!

Saturday, September 24, 2022



DID YOU KNOW...

Big Hearts Means You!

Our athletes win when you, the driver, collect pledges!

If every driver took the 10-day challenge and collected \$500 in pledges, the drivers alone would raise \$76,000! Together we would raise more than \$100,000 for our athletes.

Will you join us and help?

THE CHALLENGE

| | WHO TO ASK | TOTAL PER DAY | GRAND TOTAL |
|--------|----------------------------------------------------------------------------------------------------------|---------------|-------------|
| Day 1 | Sponsor yourself for \$25 | \$25 | \$25 |
| Day 2 | Ask 3 family members to match your donation of \$25 | \$75 | \$100 |
| Day 3 | Ask your best friend to sponsor you for \$25 | \$25 | \$125 |
| Day 4 | Ask your boss for a contribution of \$25 or to match the entire money you raise | \$25 | \$150 |
| Day 5 | Ask 5 local friends to sponsor you \$10 each | \$50 | \$200 |
| Day 6 | Ask 5 out of town friends to sponsor you \$10 each | \$50 | \$250 |
| Day 7 | Ask 5 businesses you frequent (barber, salon, dry cleaner, dentist, restaurant) to sponsor you \$10 each | \$50 | \$300 |
| Day 8 | Ask 5 co-workers to sponsor you \$10 each | \$50 | \$350 |
| Day 9 | Ask 5 neighbors to sponsor you \$10 each | \$50 | \$400 |
| Day 10 | Ask 10 people from your church/temple/social club, etc. to sponsor you \$10 each | \$50 | \$500 |

COMPANY REGISTRATION FORM

Entries MUST be paid in advance to guarantee a position. A copy of proof of insurance of participating trucks should be submitted with this form.

Convoy Participant - \$125

Private Donation \$ _____

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: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Company Contact Name: _____ e-mail: _____

Our company has participated in the convoy for _____ years

METHOD OF PAYMENT

Total Amount Due: CAN \$ _____

Cheque enclosed made payable to Special Olympics Nova Scotia

Charge to:

Visa

MasterCard

AMEX

Account Number: _____

Expiration Date: _____ CVV: _____

Card Holder Name: _____

Signature: _____

Please remember to include proof of insurance with this registration form.

Please make all cheques payable to Special Olympics Nova Scotia

Complete and return this page with your cheque to:

Special Olympics Nova Scotia

c/o Agenda Managers

2979 Oxford Street

Halifax, NS B3L 2W3

Phone: (902) 422-1886 • Fax: (902) 422-2535

Email: Truckconvoy@agendamanagers.com

Please complete the next page with driver information.

No refunds will be issued on completed orders. Substitutions received in writing from the registered participant will be accepted. Cancellations and substitutions should be forwarded to: TruckConvoy@agendamanagers.com.

DRIVER REGISTRATION FORM

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.

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.

DRIVER INFORMATION

Company: _____ Driver Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Cell Phone: _____ Driver e-mail: _____

I drive: (make/model): _____

- I have been involved in the Special Olympics convoy as a driver for _____ years.
- I have a minimum of \$1,000,000 combined single limit insurance for my vehicle;
- I have the minimum insurance limits required in the abovenamed province.
- I have a Commercial Driver's License.
- I will be bringing my trailer in the convoy.

By signing below, I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

I give permission for my name/company name to be published in relation to my participation at the event

Driver Signature

Date

Please submit this form with the company registration form and payment



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PLEDGES & DONATIONS Participant's Name: _____

We are raising funds for children and adults with an intellectual disability to provide year-round sport training and competition. I need your help. Please sponsor me by making a tax-deductible* donation to Special Olympics Nova Scotia today.

***Information is required to issue a tax receipt as per Canada Revenue Agency requirements.**

***Receipts issued for amounts \$20 or greater. Email will only be used to issue tax receipts. Thank you!**

Special Olympics NS Registered Charitable Number – 119159309RR001

***NAME:**

| | | |
|---------------------------|---------------------------------------------------------------|---------------|
| *Unit/Apt# | *Address | |
| *City: | *Province: | *Postal Code: |
| Tel: | Email: | |
| *PLEDGE AMOUNT: \$ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | |

***NAME:**

| | | |
|---------------------------|---------------------------------------------------------------|---------------|
| *Unit/Apt# | *Address | |
| *City: | *Province: | *Postal Code: |
| Tel: | Email: | |
| *PLEDGE AMOUNT: \$ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | |

***NAME:**

| | | |
|---------------------------|---------------------------------------------------------------|---------------|
| *Unit/Apt# | *Address | |
| *City: | *Province: | *Postal Code: |
| Tel: | Email: | |
| *PLEDGE AMOUNT: \$ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | |

***NAME:**

| | | |
|---------------------------|---------------------------------------------------------------|---------------|
| *Unit/Apt# | *Address | |
| *City: | *Province: | *Postal Code: |
| Tel: | Email: | |
| *PLEDGE AMOUNT: \$ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | |

***NAME:**

| | | |
|---------------------------|---------------------------------------------------------------|---------------|
| *Unit/Apt# | *Address | |
| *City: | *Province: | *Postal Code: |
| Tel: | Email: | |
| *PLEDGE AMOUNT: \$ | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque | |

Please make all cheques payable to: Special Olympics Nova Scotia.

Bring form & donations to Registration on Truck Convoy Day, September 24, 2022

| | | |
|-----------------|--------------------|------------------|
| Cash: \$ | Cheques: \$ | TOTAL: \$ |
|-----------------|--------------------|------------------|