



Big Rigs! Big Hearts! Big Results!

Saturday, September 16, 2023



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 - \$150

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 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.

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

Participants Name: _____

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

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

NAME: _____ **AMOUNT: \$** _____ Cash Cheque

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Email: _____

Make all cheques payable to: **Special Olympics Nova Scotia**. Please bring form and donations to Registration on September 16, 2023. Tax receipts will only be issued for donations of \$20 or greater unless otherwise requested.

Cash: \$ _____	Cheques: \$ _____	TOTAL: \$ _____
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Special Olympics NS Registered Charitable Number – 119159309RR001

