

DRIVER INFORMATION FORM

Please include any information that you would like announced on competition day during your run. If not supplied, the announcer will only state your name and company.

Contestant Number (Office Use Only) _____

Driver Name _____ Class _____

Company, or Retired (and list company retired from) _____

Years in Trucking Industry _____ Accident Free Miles and/or Accident Free Years _____

Residence—Town/City _____ State _____

Spouse/Significant Other _____

Children _____

Hobbies _____

Did you participate in previous Charity Challenges? Yes or No _____

Please summarize - Trucking Awards or Citations

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Please summarize - Previous Competition Information (company, state, national, St. Jude)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Please return this form to:

**CHARITY CHALLENGE
c/o FRED SCHENK
167 D STREET
LOWELL, MA 01851**