

2017 Northeast Professional Truck Drivers Charity Challenge

____ / ____ / 2017

CONTESTANT # _____

(Office Use Only)

NORTHEAST PROFESSIONAL TRUCK DRIVERS CHARITY CHALLENGE 2017 ENTRY FORM

PARTICIPANT'S NAME _____

NAME (OR NICKNAME) ON BADGE _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

HOME PHONE (____) _____

EMAIL ADDRESS _____

EMPLOYER _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

CHECK ONE CLASS OF COMPETITION:

STRAIGHT TRUCK 3 AXLE VAN 4 AXLE VAN
 5 AXLE VAN 5 AXLE SLEEPER 5 AXLE TANK
 5 AXLE FLATBED TWIN TRAILER DUMP TRAILER STEP VAN

CHECK IF WILLING TO HELP JUDGE (FOR ½ DAY) _____

CHECK IF RETIRED _____

CHECK IF MANAGEMENT _____

CHECK IF PART OF FATHER/SON/DAUGHTER TEAM _____

OTHER HALF OF TEAM _____

MORE THAN ONE SIBLING? LIST OTHER SIBLINGS _____

Please have this application postmarked by September 1, 2017 and mail to:

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