



Wisconsin School Bus Drivers Safety Competition

June 13, 2025

Fox Valley Technical College

1825 N Bluemound Dr. Appleton, WI 54912

****Driver Entry Application****

Contestant Application Fee: \$75.00

Please complete this registration form and provide payment by May 31, 2025, to ensure entry.

Form may be emailed to: Cherie@wi-sba.org

Please send check payable to: Wisconsin School Bus Association, 3980 River Rd, WI Dells, WI 53965

Please fill in all information below.

Name of Contestant: _____ **Cell phone #:** _____

E-mail: _____ **T-Shirt Size:** _____

Class of Competition MUST choose one: ☐ A (Small Bus) ☐ C (Conventional) ☐ D (Transit)

Choose Brake type for C or D bus: ____ Air or ____ Hydraulic (Choose one)

NO SUBSTITUTIONS - Contestants should make sure that the correct bus class is checked. You will NOT be able to change bus class at registration.

Contestant Address: _____
City State Zip

District or Contract Company: _____ **Phone:** _____

Employer Contact: _____ **E-Mail:** _____

Address of Employer: _____
City State Zip

Alternative Contact Name: _____

Official Acknowledgement of Contestant: I hereby agree to the following terms and conditions:

- I am not in the employ of the WI School Bus Driver's Safety Competition.
- The Wisconsin School Bus Association Safety Competition Committee and all its officers, representatives, and staff are released from any liability and any right of action that might arise from any damage or injury which I may receive while attending or participating in said Safety Competition.
- The Wisconsin School Bus Association Safety Competition Committee or its assignees shall have the right to use any personally related articles or photographs in connection with the competition for whatever purpose, whether in advertising, promotion or exhibits.
- I will be bound by all orders, rules and regulations governing the Wisconsin School Bus Association Safety Competition while participating in said competition.
- I understand that no weapons (knives, guns, etc.) and tobacco products of any type are permitted at the site of the Safety Competition.

Signature of Applicant: _____ **Date:** _____

Certification of Employer or District Supervisor: I certify the above driver has not had a chargeable accident since January 1, 2025, and has a valid CDL with proper endorsement.

Signature of Supervisor/Employer: _____
(Signature) (Name and position)

Annual Wisconsin School Bus Driver's Safety Competition

Contestant Biographical Information – Used during the event by the MC

District or Contractor Name: _____ Contestant # _____
(To be assigned by WSBA)

Please answer the following questionnaire.

Name: _____ Age/DOB: _____ ☐ Male ☐ Female

Home Address: _____

Number of years as a bus driver: _____ Years Accident Free: _____

Spouse: _____ Number of Children: _____ Number of Grandchildren: _____

Hobbies & Interests:

Is this your first safety competition? ☐ YES ☐ NO Number of competitions competed in: _____

Awards/Recognition: _____

Comments from Employer:

Why do you like being a professional school bus driver (something we can announce on the PA system)?
