

Wisconsin School Bus Driver's Safety Competition June 22, 2024

Fox Valley Technical College 1825 N Bluemound Dr. Appleton, WI 54912

Driver Entry Application

Contestant Application Fee: \$50.00

Please complete this registration form and provide payment by May 31, 2024, 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	s, WI 53965
Please fill in <u>all information</u> below.			
Name of Contestant:	(Cell phone #:	
E-mail:			
Class of Competition MUST choose one: A (S	mall Bus) 🔲 C (Cor	nventional) 🗌 l	D (Transit)
Choose Brake type for C or D bu	ıs:Air or]	Hydraulic (Choos	se one)
NO SUBSTITUTIONS - Contestants should make to change bus class at registration.	sure that the correct bu	ıs class is checked	. You will NOT be able
Contestant Address:		Ct-t-	
District or Contract Company:	City	State Phone:	•
Employer Contact:	E-Mail:	 	
Address of Employer:			· · · · · · · · · · · · · · · · · · ·
Alternative Contact Name:	City	State	Zip
 Official Acknowledgement of Contestant: I hereby I am not in the employ of the WI School Bus Described in the Wisconsin School Bus Association Safety staff are released from any liability and any rigoreceive while attending or participating in said The Wisconsin School Bus Association Safety any personally related articles or photographs advertising, promotion or exhibits. I will be bound by all orders, rules and regulat Competition while participating in said competent of the Safety Competition. Signature of Applicant: Certification of Employer or District Supervisor: I certification 1, 2024, and has a valid CDL with proper or District Supervisor. 	Oriver's Safety Competition of Competition Committee of the faction that might are safety Competition. of Competition Committee of in connection with the colors of connection with the colors of connection with the colors of connection of co	on. e and all its officers rise from any dama e or its assignees s ompetition for what onsin School Bus A ts of any type are p	, representatives, and age or injury which I may hall have the right to use tever purpose, whether in association Safety permitted at the site of
Signature of Supervisor/Employer:		(Name and nasi4:	on)
(Signature)		(Name and positi	on <i>j</i>

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 question		(10 be a	ssigned by WSBA)		
Name:	Age/DOB:		_		
Home Address:					
Number of years as a bus driver:					
Spouse:	Number of Children:	Number of Gra	ndchildren:		
Hobbies & Interests:					
Is this your first safety competition? Awards/Recognition: Comments from Employer:					
Why do you like being a professional s	school bus driver (something we	can announce on the P	A system)?		