



Wisconsin School Bus Driver's Safety Competition
June 27, 2020
Fox Valley Technical College
1825 N Bluemound Dr. Appleton, WI 54912



****Driver Entry Application****

This registration form and payment must be postmarked by April 30, 2020, to ensure entry.

Contestant Application Fee: \$50.00. 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: A (Small Bus) ☐ C (Conventional) ☐ D (Transit) ☐ **MUSTchoose one**

NO SUBSTITUTIONS - Contestants make sure that the correct bus class is circled. 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 1st, 2020, 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

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

Please answer the following questionnaire. This information will be used by the announcer when you are called to begin your skills event.

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)?
