



Welcome to the Mid-Atlantic Professional Truck Drivers Association

17th Annual Charity "FunDrive" September 16th, 2017

www.MAPTDA.com

Where experienced truck drivers compete in various skills
and all the proceeds
go to the very deserving:

MAKE A WISH

The 17th Annual Charity "FunDrive" will be held on Saturday, September 16, 2017 at the Lee Hi Travel Plaza in Lexington, Virginia. Entry forms and other related forms are posted on the website.

We will have early sign-in on Friday, September 15 and early on Saturday morning the 16th at the Lee Hi Travel Plaza. Registrations will not be accepted after 10 AM on the 16th.

We encourage all participants to pre-register if at all possible so that we may get an accurate count for the meal on Saturday evening.

Register online or mail Registrations to: MAPTDA * PO Box 501 * Fishersville VA 22939.



**17th Annual Charity "FUNDRIVE" (September 16, 2017)
To Benefit Make-A-Wish Foundation
ENTRY FORM**

Please Print Clearly or Type

Participant's Name _____ Date ____/____/2017

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ - _____ E-Mail Address _____@_____

Employer/Retired From: _____ Years _____

Domicile Address _____ City _____ State ____ Zip _____

CHECK ONE CLASS OF COMPETITION

____ Straight Truck

____ 3 Axle Van

____ 4 Axle Van

____ 5 Axle Van

____ Sleeper Class

____ Tank Class

____ Flatbed Class

____ Twin Trailer Class

CHECK IF ANY APPLY

____ Rookie

____ Retired

____ Management

Requirements:

1. Valid CDL – Attach Photo Copy to Release Form
2. Attached Release Form Must Be Completed
3. \$50.00 Minimum Donation (all checks made to: Make-A-Wish-Foundation)

2 Supper Tickets Included With Paid Entry.

Number of Additional Tickets Needed for Supper @ \$8.00 Each _____

Sign _____ Date _____

PLEASE COMPLETE ATTACHED DRIVER INFORMATION SHEET

Application Deadline Sept, 10, 2017 (Late Application will be Accepted Up to The Day of the Event)
Please return all questionnaire forms ASAP to: Mid Atlantic Professional Truck Drivers Association
P.O. Box 501, Fishersville, VA 22939

DRIVER INFORMATION

Participant's Name _____ Class _____
(Please Print Clearly)

Employer _____ Domicile _____

Spouse/Significant Other _____

Children (name and age) _____

Hobbies _____

Accident Free Miles _____ Years Safe Driving _____

Trucking Awards or Citations _____

Competition Information (Company, Year, State, National, Class, Position) _____

Additional Comments (Yourself, Driving Career, etc.) _____

DRIVER WAIVER AND RELEASE FROM LIABILITY AND IDEMNITY

HOLD HARMLESS AGREEMENT

I, _____ (PRINT NAME), on my behalf and on behalf of my heirs, personal representatives, successors and assigns hereby release and hold harmless the Mid Atlantic Professional Truck Drivers' Association, Lee Hi Truck Stop and Volvo Trucks North America from and against any claim for injury, including death, or loss or damage to my personal property that may be sustained by me from and during the use of the facilities and equipment while attending the Truck Driving Competition conducted by the Mid Atlantic Professional Truck Drivers Association.

This release extends to any and all claims I have or may have against the released parties, even if such claims result from strict liability or negligence on the part of any or all of the released parties, concerning the design, manufacture, repair or maintenance of the truck or tractor which I will be test driving or concerning the conditions, qualification, instructions, rules and procedures under which the truck driving competition is conducted, or from any other cause.

I hereby state and represent that

- I am experienced in and familiar with the operation of various Class 8 vehicles;
- I hold a current, valid Commercial Drivers License for Class 8 vehicles;
- I fully understand the risks and dangers inherent in truck driving;
- I am voluntarily participating in the truck driving competition knowing the existing weather, road and other similar conditions and factors associated with the truck driving competition; and
- I expressly agree to assume the entire risk of any personal injury, including death, which I might suffer as a result of my participation in this truck driving competition.

IF ANY PROVISION OF THIS WAIVER AND RELEASE SHALL BE DECLARED BY A COURT OF COMPETENT JURISDICTION TO BE INVALID OR UNENFORCEABLE, THE REMAINDER OF THIS WAIVER AND RELEASE SHALL NOT BE AFFECTED THEREBY AND SHALL BE ENFORCED TO THE FULLEST EXTENT PERMITTED BY LAW.

BY SIGNING BELOW, I DISCLOSE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN.

THIS IS A RELEASE –PLEASE READ BEFORE SIGNING:

Signed _____ Date _____

Company Name _____

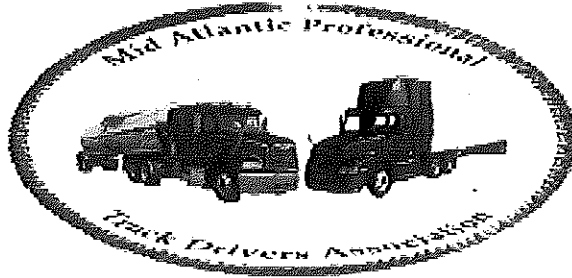
Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ CDL Number and State _____

SPONSOR SHEET

(Separate form for each driver please)



Attention:
Do Not Send This Form
Bring this with you to
the event in September

Annual Charity "FunDrive" TO BENEFIT MAKE-A-WISH FOUNDATION

Driver _____

Class _____

Over 87% of each
\$1.00 donated goes
directly into making
each chosen child's
wish come true.

Please make checks payable to Make-A-Wish Foundation

NAME	\$\$\$		NAME	\$\$\$
Column Total ->			Column Total ->	
			Grand total of both Columns	

DONATIONS:

Each driver must raise a minimum of \$50.00 to participate in the championships. Pledges can be donated by simply asking friends, family and co-workers to make a donation to the MAKE-A-WISH FOUNDATION. All checks, which are tax deductible, must be made payable to MAKE-A-WISH FOUNDATION. Note: A special prize will be given to the driver raising the most money for MAKE-A-WISH FOUNDATION. In order to speed up the morning check in process, we ask that you write a check for any cash donations you collect, ALL CHECKS MUST BE MADE PAYABLE TO MAKE-A-WISH FOUNDATION.

*Copy or Attach Additional Sheets as Needed.

*MID ATLANTIC
PROFESSIONAL TRUCK DRIVERS ASSOCIATION*

APPLICATION FOR MEMBERSHIP

DRIVER'S NAME _____

ADDRESS _____

CITY / TOWN _____ STATE _____ ZIP _____

PHONE _____ SPOUSE'S NAME _____

EMPLOYER _____

YEARS IN TRUCKING INDUSTRY _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE _____

SHIRT SIZE – DRIVER _____ SPOUSE _____

DUES ARE \$20.00 PER YEAR. MAKE CHECK PAYABLE TO MAPTDA.
MAIL TO: MAPTDA, P.O. BOX 501, FISHERSVILLE, VA 22939.