

**ENTRY FORM
6TH KPTA ROADEO
MONDAY, AUGUST 15, 2005**

TYPE OR PRINT ALL INFORMATION:

FIRST AND LAST NAME: _____

NAME ON BADGE: _____

HOME STREET ADDRESS _____

CITY, STATE, ZIP _____

List complete name of organization:

ORGANIZATION NAME: _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NO. _____

DRIVER QUALIFICATIONS: One full year employed as a driver for your Agency. No at fault accidents or workers compensation claims for the past year.
The competition will be run in cut-away (dual rear wheel) buses.

I (supervisor) certify that this driver has met the above qualifications:

_____ Title _____

How many years have you been a driver for your current employer? _____

Roadeo entry fee: \$50.00, if you have already registered for the conference please mail this form to Pam Shepherd at the below address.

DEADLINE FOR ROADEO REGISTRATION IS JULY 25, 2005

Make registration checks payable to KPTA, Mail to attn: Pam Shepherd, FTSB, 1460 Newtown Pike, Suite 209, Lexington, KY 40511.

If you have any questions you can call Beecher Hudson at (502) 561-3631 or Sue Jeffers at (502) 695-4290 ext 214.