

**OFFICIAL ENTRY FORM
OHIO SCHOOL BUS DRIVER SAFETY ROAD-E-O**

Please Print or Type

Driver's Name _____ Driver's License No. _____
School District _____ Contractor Name _____
Home Address _____ Home Phone No. _____
City _____ Zip _____ E-mail _____

Will this be your first year of participation? Yes No

If driving on a team, list your team members: 1. _____
2. _____
3. _____

Check what type of bus you wish to compete in: Conventional Transit

**DRIVER MUST MAIL ALONG WITH REGISTRATION FORM COPIES OF THE FOLLOWING:
C.D.L., PRE-SERVICE CERTIFICATE AND DISTRICT SCHOOL BUS DRIVER CERTIFICATE**

A TEN DOLLAR (\$10.00) REGISTRATION FEE MUST ACCOMPANY THIS ENTRY FORM. ALL
ENTRANTS MUST BE REGISTERED AND PAID 7 DAYS PRIOR TO THE ROAD-E-O.
THERE WILL BE NO REGISTRATION OR MONEY COLLECTED THE DAY OF THE EVENT.

You will need to show your driver's license the day of the ROAD-E-O.

RELEASE

In consideration of my being permitted to participate in the Ohio School Bus Driver Safety ROAD-E-O and to be eligible for awards offered to participants, I hereby stipulate and agree to the following terms and conditions:

1. Both as to myself and heirs and personal representatives, I release the Ohio School Bus Driver Safety ROAD-E-O and all its officials or representatives from any damage or injury which I may receive from attending or participating in said event.
2. The Ohio School Bus Driver Safety ROAD-E-O or its assigns shall have the right to use any photographs taken of me in connection with the event.
3. I will be bound by all rules and regulations governing the Ohio School Bus Driver Safety ROAD-E-O while participating in said event.

Signed this _____ day of _____ 20____

School Official or Contractor _____ Printed Name _____

Driver _____ Printed Name _____

PLEASE SEND THIS FORM AND \$10.00 TO THE APPROPRIATE REGIONAL OFFICE. THE \$10.00 IS NON-REFUNDABLE.

PLEASE MAKE CHECKS PAYABLE TO: "STATE SCHOOL BUS DRIVER ROAD-E-O COMMITTEE."

Mail to:

Must be postmarked by:
7 Days prior to the
Regional Event

FOR OFFICE USE ONLY:

_____ PAID
_____ TEAM NUMBER
_____ PRE-SERVICE T-9 CERTIFICATE
_____ DISTRICT BUS DRIVER CERTIFICATE
_____ DRIVER'S LICENSE

Lori Sinick
Transportation Supervisor
Strongsville City Schools
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