



"CONVOY FOR WISHES"

C/O Judy Jordan

24 Brook St, Picadilly, NB., E4E 3X3

433-4306 or 435-3534

Registration Form – Convoy For Wishes 2011

Date: _____

****PLEASE COMPLETE A SEPRATE REGISTRATION FORM FOR EACH TRUCK! If the company is paying the registration fee for more than one truck, attach all registration forms and include with your payment.

Name of Driver: _____

Company Name: _____

Phone: _____

Contact Person:

Name: _____

Phone: _____

Address: _____

Registration paid by: cheque # _____ cash _____

Total fee paid \$ _____ (please make cheques payable to "Convoy for Wishes")

Truck information:

Make: _____ Model: _____ Year: _____

Notes:

Office Use:

Registration paid: _____

Convoy Siginature: _____