

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

**Please Print or Type**

Driver's Name \_\_\_\_\_  
School District \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No. \_\_\_\_\_  
Contractor Name \_\_\_\_\_  
Home Phone No. \_\_\_\_\_  
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